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ABSTRACT

This trainer's manual covers module I of the Program for Infant/Toddler Caregivers (PITC), a four-module video training course for providers of family and center day care. The manual is intended to be used by module instructors and includes an overview of the PITC and instructions for using the manual and its accompanying videos. The module contains 14 lessons, each designed to be covered in a 2-hour session. Titles are as follows: (1) "The Vision"; (2) "Flexible, Fearful, or Feisty"; (3) "Working with Temperament"; (4) "Getting in Tune"; (5) "The Responsive Process"; (6) "Ten Gifts"; (7) "Emotional Development in Infants and Toddlers"; (8) "The Developing Emotional Strengths of Children"; (9) "Fostering Emotional Development: The Caregiver's Role I"; (10) "Fostering Emotional Development: The Caregiver's Role II"; (11) "Socialization and Guidance"; (12) "Socialization and Guidance: Caregiver Practices"; (13) "First Moves"; and (14) "Helping Children and Parents Adjust to a New Program." An outline of the three accompanying videos for this module, and pricing and ordering information for all four PITC modules, are also included. (MDM)

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the Program for infant toddler caregivers

ED 367 487

Training Modules in Social-Emotional Growth and Socialization

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Preface

The Program for Infant/Toddler Caregivers began at Far West Laboratory (FWL) in 1986, prompted by concerns at the California Department of Education's Child Development Division (CDD) about the quality of available infant care. At that time, more than 50% of mothers with children under age three were working outside the home, and the number of people trained to provide high-quality child care did not begin to meet the demand. To fill this need, FWL and CDD joined to develop a comprehensive training system for providers of care to infants and toddlers in both family child care and center programs. An assessment of training needs among child care providers and a review of existing materials led to the selection of video as the centerpiece for the Program for Infant/Toddler Caregivers' training system. In order to reach as many child care providers as possible, the videos are created in Spanish and Chinese as well as in English. The videos are complemented by video magazines, caregiver guides, trainer's manuals, and various other written materials.

A major component of the training system is a series of trainer intensives conducted by FWL and CDD four times a year in California and at various times in other states throughout the nation. The vision guiding the Program's products and training system is that of providing quality care that meets infants' needs for warm, supportive relationships in an intimate setting. Designed specifically for professional caregivers of children under the age of three, the videos, print materials, and training programs are based on the latest child development theory, research, and practice. Each product has been created to assist caregivers in both understanding and carrying out day-to-day care (e.g., setting up environments, building relationships with parents and children, facilitating cognitive development, ensuring safety and health). The training materials have also been found to be useful with parents and other professionals.

At present, there are four training modules in the Program for Infant/Toddler Caregivers: I: Social-Emotional Growth and Socialization; II: Group Care; III: Learning and Development; and IV: Culture, Family, and Providers. Each training module contains one or more caregiver guides, one or more training videos, and a trainer's manual specifically developed for that module.

Except for the trainer's manuals, every component of the training system can stand alone as a training tool. The trainer's manuals are supplementary to the other Program for Infant/Toddler Caregivers' training materials. They provide suggestions, lesson plans, and additional materials to assist you in using the Program for Infant/Toddler Caregivers' videos, caregiver guides, and other materials in training. The manual you have before you reflects training strategies shown in research and in practice to be effective tools for adult learning. It is a vital organizing link that will help you implement training with the materials of the Program for Infant/Toddler Caregivers.

J. Ronald Lally, Ed.D.
Director
The Program for Infant/Toddler Caregivers
Far West Laboratory for Educational Research and Development

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The Training Modules

Module I: Social-Emotional Growth and Socialization

Print Materials:
Infant/Toddler Caregiving: A Guide to Social-Emotional Growth and Socialization
Module I Trainer's Manual

Videos & Video Magazines:
First Moves: Welcoming a Child to a New Caregiving Setting
Getting in Tune: Creating Nurturing Relationships with Infants and Toddlers
Flexible, Fearful, or Feisty: The Different Temperaments of Infants and Toddlers

Module II: Group Care

Print Materials:
Infant/Toddler Caregiving: A Guide to Routines
Infant/Toddler Caregiving: A Guide to Setting up the Environment
Module II Trainer's Manual

Videos & Video Magazines:
It's Not Just Routine: Feeding, Diapering, and Napping Infants and Toddlers
Respectfully Yours: Magda Gerber's Approach to Professional Infant/Toddler Care
Together in Care: Meeting the Intimacy Needs of Infants and Toddlers in Groups
Space to Grow: Creating a Child Care Environment for Infants and Toddlers

Module III: Learning and Development

Print Materials:
Infant/Toddler Caregiving: A Guide to Cognitive Development and Learning
Infant/Toddler Caregiving: A Guide to Language Development and Communication
Module III Trainer's Manual

Videos & Video Magazines:
Discoveries of Infancy: Cognitive Development and Learning
Early Messages: Communicating with Infants and Toddlers (working title)
The Ages of Infancy: Caring for Young, Mobile, and Older Infants

Module IV: Culture, Family, and Providers

Print Materials:
Infant/Toddler Caregiving: A Guide to Culturally Sensitive Care
Infant/Toddler Caregiving: A Guide to Creating Partnerships with Parents
Module IV Trainer's Manual

Videos & Video Magazines:
Essential Connections: Ten Keys to Culturally Sensitive Child Care
Sharing the Care: Parent-Provider Relationships in Infant/Toddler Care (working title)

Resource Materials:

Visions for Infant/Toddler Care
Infant/Toddler Caregiving: An Annotated Guide to Media Training Materials
Infant/Toddler Program Quality Review Instrument

Module I:
Social-Emotional Growth and Socialization
Materials Needed

In order to use this manual effectively, you will need the following materials:

Print

Infant/Toddler Caregiving:
A Guide to Social-Emotional Growth and Socialization

Infant/Toddler Caregiving:
A Guide to Creating Partnerships with Parents (Module IV)

Visions for Infant/Toddler Care:
Guidelines for Professional Caregiving

Infant/Toddler Caregiving:
An Annotated Guide to Media Training Materials

Video magazines for each of the videos for every participant

Video

First Moves:
Welcoming a Child to a New Caregiving Setting

Getting in Tune:
Creating Nurturing Relationships with Infants and Toddlers

Flexible, Fearful, or Feisty:
The Different Temperaments of Infants and Toddlers

The Ages of Infancy:
Caring for Young, Mobile, and Older Infants (Module III)

Using The Manual

The heart of this trainer's manual is a series of lesson plans to help you organize your training efforts related to the Program for Infant/Toddler Caregivers' Training Module I: Social-Emotional Growth and Socialization.

Because each trainer's setting will differ, the lesson plans should be viewed as a general guide that you can adapt to your own particular needs. Although it is suggested that you follow the lesson sequence, you do not need to follow each lesson to the letter in order to be effective, nor should you simply read the instructions word for word to those you are training.

Each lesson plan addresses material that can be covered in one to two hours with a group of 10-15 people. These are rough estimates because many variables will impact on lesson length, including group size. Lessons have been done with as many as 80 people. Larger groups will, of course, take more time, particularly if there are small group activities involved because more groups will be reporting their discussions to the whole group. If you have less time available than is indicated, it is recommended that you extend the lesson over more than one session. Don't rush.

Prepare for each training session by first reading through the lesson and deciding how you will adapt it to your needs. Think about how many participants you will be training, in what setting, and for how long. For example, suppose you are training 10 caregivers from the same center at a weekly staff meeting, and you have about 45 minutes to spend. You can select one lesson for that time period. If the lesson calls for it, you can break the group into smaller groups for certain activities and discuss how the information applies to this particular setting. On the other hand, if you are training 50 caregivers in a full-day session given in an auditorium with fixed seating, you will want to combine several lessons and evaluate how well you can implement small group activities. You may need to rely more heavily on lecture and video presentations, and you will want to use more visual aids.

As you read through each lesson plan, note what kind of materials you will need and what kind of preparation you will be required to do in advance. Video lessons, for example, require you to have a videocassette recorder (VCR) in good working order and to know how to hook it up. Other lessons may call for an overhead projector and transparencies. Transparencies are particularly helpful if you are working with a large group because they allow you to show the same material to everyone simultaneously. If you do not have access to an overhead projector, you can still teach the lesson by passing out a copy of the handouts to every participant and reviewing the information together.

You will need to duplicate handouts in advance for almost every lesson. Handouts are important reminders to the participants of the key information presented in the lesson. Have participants use a looseleaf binder to hold their handouts. Participants' willingness to retain the handouts for future reference will be facilitated if you punch holes in the handouts in advance.

Using the Videos

Video is a powerful training tool, especially in a caregiver training program, because caregivers can view infant behavior and quality caregiving in action. An essential component of learning about how to care for young children is becoming a sensitive observer of them. Videotaped materials can help the viewer become that sensitive observer by providing both visual effects and narration to draw attention to subtleties of infant behavior. Video can both inform and inspire, engaging the interest of caregivers and presenting positive role models to them. To maximize the effectiveness of using video in your training, plan ahead.

Before the Video Lesson

1. Always preview the video and read the video magazine before you use it in a lesson. During the preview, decide which portions you wish to use. Think about whether you want participants to view the entire tape at once or whether you would prefer to stop the video at preselected points for discussion. Generally, it is recommended that you show the video in segments, taking time to discuss each portion as you go along.

2. Consult the *Annotated Guide to Media Training Materials* for other films, filmstrips, or videos on the topic of your training. Distributors of audiovisual materials often have a free or low-cost preview policy that will allow you to review the video's usefulness to you without incurring a major cost. By referring to these resources, you should be able to acquire a great deal of background knowledge that will allow you to feel confident about leading a discussion on each section of the video as well as to build more complex lessons by drawing on scenes from other videos, should you desire to do so.

3. Use the video outlines. The last section of this manual contains an outline of each of the videos in this module. Included in the outline are references to the various scenes in the video and references to page numbers in the accompanying caregiver guides where you may find an expanded discussion of the topic presented in the video. There is also reference made to videos or caregiver guides in the other three modules that may prove useful.

4. Consider whether there are specific points illustrated in the video that you wish to emphasize. If so, you may use the "pause" button on the VCR to stop the action while you conduct this part of the lesson.

5. Plan how you will introduce the video, what kinds of questions you will ask prior to showing it, and what activities or questions you will use after showing it to help participants integrate the material they have just viewed.

6. Consider how many people you will be training and the size of monitor(s) you will need so that everyone can see and hear clearly. In the Program for Infant/Toddler Caregivers' videos, facial expressions and subtle verbal and nonverbal cues are particularly important components of the training and need to be seen and heard. Ensure that participants sit close to the monitor and that you get as large a monitor as possible.

7. Check to be sure that the video equipment is in good working order and that you know how to use it.

8. Cue the video to the point in the tape that you plan to show first. **Note:** To help you find the scenes you wish to use in training sessions, the video outlines at the back of this document give a number that tells, in real time, how far into the tape the scene is (e.g., 9:30, nine and a half minutes). A verbal description of the point in the video is also given. During your preview of the video, you may wish to make a note of the counter number on your own VCR corresponding to the scenes you want to show. Always begin by resetting the counter to 00 just before the video's opening scene (after the seals, etc.). Unfortunately, no counter number that would apply to all VCRs can be given at this time. Until counters are standardized for all VCRs, this will continue to be an inconvenience to trainers.

The Video Lesson

1. Conduct the pre-viewing discussion or activities you have selected to help participants focus on particular points covered in the video.

2. Play the precued video.

3. Stop the video at preselected points, if you have previously decided to do so, to emphasize key ideas or discuss what has just been seen.

4. Use the video magazines that summarize each video. These eight- to ten-page pamphlets are excellent handouts and should be given to each participant when a video is first introduced. Because all the major points of the video are presented in the video magazines, using them makes taking notes on basic content unnecessary. This releases participants to pay attention to the trainer's or their own reactions to the content.

Following the Video

1. Discuss and answer participants' questions raised by the video.

2. Implement the follow-up activities you have selected.

3. You may choose to replay the video following discussion or other activities. Viewers often see new points that they had previously missed.

Anticipated Outcomes

This manual should help you use the Program for Infant/Toddler Caregivers' training materials. It was written to aid you in creating your training plans. We hope it will not be seen as a set of rules to be rigidly followed. As you become familiar with the training materials, we hope you will create many different lessons combining the video and print materials from this module and the other modules in special ways to suit your needs. These types of creative efforts are encouraged and are seen as essential in keeping your training efforts dynamic and fresh.

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Lesson 1 The Vision

Overview: This lesson introduces the Social-Emotional Growth and Socialization module. It is an important lesson to begin training in this module because it presents an overarching vision for the development of children's social and emotional competence. Included are ground rules designed to build trust among participants that are essential for this and all subsequent lessons.

Philosophy: Healthy social-emotional development in infancy underlies all other learning and is, to a great extent, dependent upon the child's close relationship with respectful, caring adults. As a significant adult in the child's early life, the infant/toddler caregiver has an important role. To create nurturing relationships with children, caregivers need to become aware of the feelings, expectations, and attitudes they bring with them from their own past experiences, particularly in childhood.

Key Concepts:

- All children need a physically and emotionally secure environment that supports their developing self-knowledge, self-control, and self-esteem and encourages respect for the feelings and rights of others.
- Caregivers can support an infant's growing sense of self by providing security, warm acceptance, and appreciation for the child's growing independence.
- The caregiver promotes social development by helping the child feel accepted in the group and by supporting the child developing communication skills and feelings of empathy.
- A caregiver's ability to promote social-emotional development in children is influenced by the caregiver's own feelings. Early experiences affect one's caregiving style.

Materials: *Infant/Toddler Caregiving: A Guide to Social-Emotional Growth and Socialization*

Chalkboard/chalk or easel paper/pens

Overhead projector

Transparency/Handout #1, A Vision for Social and Emotional Development
Handout #2, Resentments, Regrets, and Gifts

Time: 1 hour

Preparation: Read p. 3 in the Program for Infant and Toddler Caregivers' *A Guide to Social-Emotional Development and Socialization.*

Make a transparency of Handout #1, and duplicate enough of both handouts for each participant.

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Procedure:

Introduce the lesson.

1. Explain to participants that the current training topic is social-emotional growth and socialization. In this training module, they will have the opportunity to deepen their understanding of how children grow emotionally and what caregivers can do to foster that growth.

Show Transparency #1, A Vision.

2. Tell participants that you'd like to share with them the vision of social and emotional development that guides the content of the module. Put Transparency #1, A Vision for Social and Emotional Development, on the overhead projector, or pass out copies of Handout #1.

   Review the three parts of the vision with the participants. After doing so, ask them to suggest questions they may have about how to achieve the vision in child care. Write these questions on the transparency, if possible, under the appropriate vision statement. If participants are reluctant to raise questions, suggest some yourself to get the ball rolling. Questions might include the following:

   - How do you support a young infant's developing sense of self?
   - How do you promote the development of social skills in the toddler who hangs back and doesn't play with other children?

- What kind of guidance techniques do you use with a mobile infant who pulls hair?

Acknowledge that these issues are complex ones and will be dealt with during the course of lessons in the Social-Emotional module. Tell participants that you will look at these questions together again at the end of this module training and discuss them in light of the insights and knowledge acquired.

Introduce ground rules.

3. Explain to participants that child care is a very personal art. How caregivers interact with children is an expression of their own personalities and styles. In this module, there will be some activities in which participants will be asked to share information about themselves and about how they relate to children.

Becoming aware of what we are doing and how that affects the child is important. However, sometimes it can be uncomfortable. Because some of the information discussed in the training may be very personal, it is important to establish ground rules for the discussion that create a safe environment for everyone.

Ask participants to suggest ground rules for discussing personal information in the training sessions. List these on a transparency, easel paper, or chalkboard. Add any of your own that may not be suggested but that you think are important. (Emphasize that each person has a right to express her or his ideas and that others must listen respectfully to all ideas.) Make a copy of the ground rules and duplicate it for everyone. Pass these ground rules out at the next session, and review them once again.

OPTIONAL: You may choose to make a "contract" that every group member signs as a way of demonstrating her or his agreement to abide by the rules.

Participants reflect on their own childhood.

4. Tell participants that you are going to start them thinking about social and emotional growth by having them reflect on their own childhood experiences and how those influence their present child care practices. Pass out Handout #2, Resentments, Regrets, and Gifts. Point out that "gifts" refers to emotional rather than material gifts. Ask participants to jot down their responses to the questions on the handout. Remind them in advance the handout is only for themselves.

It will not be collected or shared with anyone else.

Give participants 10 to 15 minutes to complete the handout.

Large group discusses Handout #2.

5. Then guide a discussion of what participants learned about themselves. Begin by reminding the group that they need not share any information about themselves that they choose not to. If participants are initially reluctant to share anything, volunteer your own responses to each question. Self-revelation will help the participants get to know you and will build trust that they too can safely share within the group.

   After discussing responses to Parts I and II of the exercise, ask participants to think about how the responses they gave in Part II related to the responses they gave in Part I. Explain that the point of this exercise is to increase participants' self-awareness by having them identify and explore their own childhood experiences and then relate them to how they provide care to young children today. Ask participants what pattern they see in their responses.

Transparency/Handout #1
A Vision for Social and Emotional Development

1. **The Self**: The caregiver provides physical and emotional security for each child and helps each child to know, accept, and take pride in herself or himself and to develop a sense of independence.

2. **Social Skills**: The caregiver helps each child feel accepted in the group, assists children in learning to communicate and get along with others, and encourages feelings of empathy and mutual respect among children and adults.

3. **Guidance**: The caregiver provides a supportive environment in which children can begin to learn and practice appropriate and acceptable behaviors as individuals and as a group.

Handout #2
Resentments, Regrets, and Gifts

PART I:

Resentments: What ways were you treated by your parents/caregivers when you were a young child growing up in your family that you are angry about?

1.

2.

3.

Regrets: What do you still feel sad about when you think about the way you were raised?

1.

2.

3.

Gifts: What were the most important gifts you received in the family in which you grew up?

1.

2.

3.

Handout #2 (cont'd.)

PART II: Think about your own priorities in your caregiving practice.

What are the three most important gifts you think infants and toddlers must **always** receive from a caregiver?

1.

2.

3.

What are the three experiences that must **never** happen to infants and toddlers?

1.

2.

3.

PART III:

Think about how your responses in Part II relate to your responses in Part I.

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Lesson 2 Flexible, Fearful, or Feisty

Overview:

This lesson provides an overview of temperament by presenting nine temperament traits and three temperament types that represent common clusters of these traits. The lesson is organized around the video *Flexible, Fearful, or Feisty: The Different Temperaments of Infants and Toddlers*. In the session, participants view and discuss each portion of the video. By doing so, they learn about responding to children of different temperaments.

Philosophy:

Infants come into the world with different temperamental tendencies that play a major role in their behavior. The relationships that develop between infants and their caregivers, both at home and in child care, are strongly influenced by temperament. In group care, temperament influences the way infants relate to each other and the way the caregiver experiences the group. In order for every child in a group to thrive, caregivers need an understanding of temperamental differences and the flexibility to meet each child's temperamental needs.

Key Concepts:

- Right from the start, babies are different from each other. These differences can be classified into nine temperament traits that have been identified through child development research.
- The nine traits cluster into three major temperament types: flexible, fearful, and feisty, but not all children fit into one of these types.
- An understanding of temperamental differences can help caregivers work more responsively and effectively with the individual infants and toddlers in their care.
- Dealing with temperament is dealing with individual differences. Each child has her or his own unique blend of temperament traits.

Materials:

Infant/Toddler Caregiving: A Guide to Social-Emotional Growth and Socialization

Flexible, Fearful, or Feisty: The Different Temperaments of Infants and Toddlers

Video magazines for every participant

Videocassette recorder and monitor

Chalkboard/chalk or easel paper/pens

Paper and pencils

Handout #3, Temperaments of Infants and Toddlers
Handout #4, Nine Temperament Traits of Infants and Toddlers
Handout #5, Three Temperament Types
Handout #6, The Temperament Assessment Scale for Children

Time: 60-90 minutes

Preparation:

Preview the video *Flexible, Fearful, or Feisty.*

Read the video magazine.

Read pp. 4-14 in the *Guide.*

Duplicate enough of all handouts for each participant.

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Procedure:

Introduce the lesson.

1. Begin by reading the following quote from Stella Chess, M.D.: "Right from the start babies are different. Each has his or her own way of showing feelings and responding to the world around him or her." (*Infant/Toddler Caregiving: A Guide to Social-Emotional Growth and Socialization*, p. 4)

   Explain to participants that understanding a child's temperamental tendencies provides "a window to the relationship with the child," as Dr. Chess puts it, a way of looking at the child's unique characteristics. It is not a scheme for labeling children or putting them into rigid categories.

Participants think about how they respond to different children.

2. Ask participants to think about two infants they have known, one who was a special "challenge" and one who was easy to care for. Ask them to write on a piece of paper at least three characteristics that immediately come to mind for each of these infants. Give the participants about two to three minutes to do this exercise.

Large group discusses "challenging" and "easy" characteristics.

3. List on easel paper or chalkboard the characteristics for the infants the participants found challenging and those they found "easy." Point out the differences in traits and characteristics found challenging. Note that participants' reactions to different children vary greatly.

Introduce the video.

4. Explain to participants that today's video is going to help them understand and deal more effectively with the children in their care by exploring the issue of children's different temperaments. There are nine temperament traits and three temperament types that represent common clusters of traits.

Show first video segment, pass out Handout #3, and discuss.

5. Show the first segment of the video through the review of the nine temperament traits (about 7:44 minutes into the video). Project Transparency #3 and/or pass out Handout #3. Ask the group questions such as the following:

   - Did you recognize some of the traits you identified for your challenging infant? What are they?
   - Did any of the traits seem to apply to your own personal style?

Pass out Handout #4 and discuss.

6. Pass out Handout #4, Nine Temperament Traits of Infants and Toddlers. Ask the participants to think about the infants they considered challenging or easy in light of the information on Handout #4. Allow at least five minutes for this and then another five for the group to share their thoughts.

Show second video segment and discuss.

7. Show the next segment introducing the three temperament types. Stop the video at the end of this section (about 8:38 minutes into the video). Review the three temperament types, explaining that the video will describe each type in detail. Caution participants not to use these categories to "stereotype" or "label" children.

   Emphasize to the group that, although temperamental tendencies have been shown to be quite consistent over time, they can become much less pronounced. For instance, when

treated respectfully and sensitively, a "cautious" child who is extremely shy upon entering child care may grow up to be an adult who is able to adapt well to new situations. One way of thinking about it is to say that the boundaries of temperament are flexible. When their temperaments are accepted and their needs met, children of any temperament can be gently guided toward a wider range of responses.

Show third video segment and discuss.

8. Show the segment of the video on the flexible temperament type (to about 12:08 minutes into the video). Stimulate discussion with questions such as the following:

   - Think about the infants you identified in the earlier exercise as "easy to care for" and "challenging." Did either fit the category of the "flexible temperament?"
   - Can you recognize the flexible or easy temperament among the children you are caring for now?
   - Do you think such children's needs tend to be overlooked in the child care setting? How can you manage to attend to flexible children while helping others?

Show fourth video segment and discuss.

9. Continue to show the video stopping for discussion after the section on the fearful temperament type (about 16:10 minutes into the video). Ask questions such as:

   - Do you recognize this temperament? Was your challenging infant similar to this type?
   - How do you personally interact with a fearful child?
   - What techniques for working with a fearful child were demonstrated in the video?
   - How helpful do you think these techniques might be?

Show fifth video segment and discuss.

10. Continue to show the video and stop for discussion following the section on the feisty temperament type (about 20:30 minutes into the video). Begin discussion with questions such as:

    - Do you recognize this set of traits? Was your challenging infant similar to this type?
    - How do you personally interact with a feisty child?
    - What techniques for working with a feisty child were demonstrated in the video?
    - How helpful do you think these techniques might be?

Show video to end and discuss.

11. Continue to show the video through to the end. Ask participants:

- Have you simultaneously had children with very different temperaments in your care?
- What were the challenges of this type of group?
- How did you attempt to meet each child's temperamental needs?

Pass out Handout #5.

12. Pass out Handout #5, Three Temperament Types, to every participant. Explain that this is a summary of what they have just seen in the video, for them to keep for their own files. Emphasize that, although both children and adults may fit more into one than another of the three temperament types, many people have traits from two or even all three types.

Pass out Handout #6 and assign observation activity.

13. Pass out Handout #6, The Temperament Assessment Scale for Children. Assign participants to observe the children in their respective groups in order tc identify their temperament types. Ask participants also to pay attention to how they interact differently with children of different temperaments.

Pass out video magazine.

14. Make sure each participant has a copy of the *Flexible, Fearful, and Feisty* video magazine, which summarizes the key points of the lesson.

Handout #3
Temperaments of Infants and Toddlers

Right from the start, babies are different. Each has a unique style of showing feelings and responding to the world. These differences, clearly visible in the first few months of life, are expressed in many ways. They can be uncovered by a caregiver who pays attention to:

- How active the infant is in body movements
- How regular or irregular she or he is in sleeping, feeding, and having bowel movements
- How easily the infant accepts a new food, person, or place
- How long it takes the infant to adjust to a change in schedule or surroundings
- Whether the infant's mood is mainly cheerful, neutral, or fussy
- How sensitive she or he is to loud noises, bright lights, rough clothing, a wet or soiled diaper
- How intensely the infant expresses her or his feelings and reactions
- Whether or not the infant can be easily distracted from the activity she or he is engrossed in
- How long the infant persists in attending to any single activity

Such traits make up a child's individual *temperament*. Being alert to these temperamental differences and understanding how they require different caregiving approaches are crucial to nurturing children's healthy emotional growth.

Handout #4
Nine Temperament Traits of Infants and Toddlers

(from "Temperaments of Infants and Toddlers" by Stella Chess, M.D., in *Infant/Toddler Caregiving: A Guide to Social-Emotional Development*)

Temperamental Traits and Their Handling

In describing the nine different traits, I will emphasize the extremes in each case – for example, high levels of energy or sensitivity versus low levels – because children with these traits are the ones most likely to need special attention or handling. I will give typical examples of how very young children express such traits and suggest the best caregiving approaches to take.

The majority of children display temperament at a level somewhere in between the extremes of temperament, and these children will fit into home or child care routines fairly easily. In this sense, temperament is similar to intelligence, that is, children of low average or very high intelligence may require special attention, and those of average or slightly superior intelligence will adapt to the routine school curriculum without great difficulty. We will also look at how these specific traits often combine in a child's overall makeup to form a certain major type of behavior.

1. ***Activity Level***: Amount of movement and bodily activity

High Activity

The child who is highly active prefers games and play with a lot of movement, kicks and splashes in the bath, likes to run around, gets restless and distressed if made to sit quietly in one spot for long periods. Give a child with this level of activity opportunities for active play. If the group is engaged in some quiet activity, let this type of child move around from time to time.

Low Activity

The child with low activity prefers quiet games and can sit calmly looking at picture books or coloring for long periods of time. Because this child moves slowly, she or he is sometimes teased as a slowpoke. You should expect that it will take a child with this level of activity extra time to get things done, such as dressing or moving from one place to another.

2. ***Biological Rhythms:*** Regularity or irregularity of such functions as sleep-wake cycle, hunger, and bowel elimination

Regularity

The regular child sleeps through the night, takes a regular nap, eats about the same amount from day to day, and has a bowel movement about the same time each day. This child presents no problem with feeding or sleeping schedules and is usually easily toilet trained.

Irregularity

In contrast to the regular child, this one varies in sleep habits and hunger patterns, and she or he may wake up several times at night. The irregular child's big meal may be lunch one day and dinner the next, and her or his bowel movements are unpredictable. You should accept this child's irregular nap and feeding schedules. The child can be trained to sleep through the night if not picked up every time she or he cries. Toilet training will usually take longer and may not succeed until the child learns to be consciously aware of the internal sensation that signals a bowel movement.

3. ***Approach/Withdrawal:*** How the child responds to a new situation or other stimulus

Approach

The approacher responds positively to a new food by swallowing it, reaches for a new toy, smiles at strangers, and when first joining a play group, plunges right in. Such a child presents few problems to the caregiver, except when this responsiveness is combined with a high level of activity. Then the approacher may run impulsively to climb a new high rock or jungle gym that she or he cannot really manage or try to explore a potentially dangerous object.

Withdraw

Typically cautious about exploring new objects, the withdrawer is likely to push away a new top or to spit out new food the first few times. Around strangers or when first taken to a new place, this child may fuss or cry and strain to get away. You should be patient with these initial negative reactions. Pressuring the child to make an immediate positive adjustment only increases her or his discomfort and makes it harder for the child to accept new people and things. Instead, small repeated exposures to the unfamiliar let the child gradually overcome her or his early reluctance.

4. ***Adaptability:*** How quickly or slowly the child adapts to a change in routine or overcomes an initial negative response

High Adaptability

The quickly adaptive child adjusts easily to the family's move to a new home or a visit to a strange place. This child accepts new food that was first rejected after only a few trials, and this child is agreeable to changes in mealtimes and sleeping schedules. Such a child does not usually present problems to a caregiver. Occasionally, the youngster may give in too early to unreasonable requests for change, such as a playmate changing the rules in the middle of a game. The quickly adaptive child may benefit by encouragement to "stick to your guns."

Low Adaptability

By contrast, the slowly adaptive child takes a long time to adapt to change or to accept something new she or he originally rejected. Such a child is sometimes misjudged as stubborn or willfully uncooperative. A more accurate term would be cautious. Your approach should be the same as for the withdrawing child – being patient, giving the child a number of exposures to the change, and encouraging the child when she or he begins to show signs of adjusting. Pressure to make such a child adapt very quickly will only boomerang and have the opposite effect.

5. ***Quality of Mood***: The amount of pleasant, cheerful, and openly friendly behavior (positive mood) as contrasted with fussing, crying, and openly showing unfriendliness (negative mood)

Positive Mood

Smiling and laughing often, the child whose mood is positive is easily pleased and shows it openly. Fussing and crying are infrequent. This positive mood usually causes positive responses in adults, who find it easy to care for such children.

Negative Mood

The child whose mood is negative tends to fuss or complain a lot, even at trivial discomforts, and cry before going to sleep. The child may show little or no open expression of pleasure, even at games or other events that please, but rather will have a deadpan expression. You should be sure to spot such a child. While not ignoring the child's fussing or complaining, respond cheerfully to her or him. You may find to your surprise that, although the child gives no outward evidence of pleasure at some special event, such as an expedition to the zoo, the child later reports it to her or his parents or friends as an exciting, happy event.

6. ***Intensity of Reactions***: The energy level of mood expression, whether it is positive or negative

Low Intensity

The low-intensity child expresses both pleasure and discomfort in a low-key way. If happy, this child may smile or say quietly that she or he is pleased; if upset, the child may whine a little or fuss but not loudly. It is easy to misjudge and miss what is going on inside the child if you take the mild reactions as evidence that she or he is not really displeased or upset. Remember that mild expressions may mask strong emotions. Pay careful attention to such expressions, and take seriously the feelings behind them.

High Intensity

By contrast, the high-intensity child expresses her or his feelings with great intensity. When happy, this child bubbles and laughs; when upset, she or he cries loudly and may even have a tantrum. In this case, you have an opposite task: to evaluate objectively whether the issue is important or trivial and not be guided only by the intense reactions of the child.

7. ***Sensitivity Threshold:*** How sensitive the child is to potentially irritating stimuli

Low Threshold

The child with a low threshold may be easily upset by loud noises, bright lights, a wet or soiled diaper, or sudden changes in temperature. This child may not be able to tolerate tight socks or clothing with rough texture. You should be aware of and attend to those reactions but not try to change them.

High Threshold

The child with a high threshold is not bothered by the same kind of stimuli as the child with a low threshold. You should check regularly to see if the infant has a wet or soiled diaper to avoid diaper rash. Otherwise, this child may be content to suffer the diaper irritation because the child's high threshold keeps her or him from feeling irritated and uncomfortable.

8. ***Distractibility:*** How easily the child can be distracted from an activity like feeding or playing by some unexpected stimulus – the ringing of a telephone or someone entering the room

High Distractibility

The highly distractible child may start and look up at the sound of a door closing softly. As one parent put it, half the solid food feeding went into the child's ear because she constantly turned her head at small noises or glimpses of movement. In the early childhood period, the tendency can be an asset to the caregiver. The child who is fussing at being dressed or is poking at an electric outlet can be easily distracted by showing her or him a toy or other attractive object. In older childhood, however, when persistent concentration on a task like homework is welcomed, high distractibility may not be such a desirable trait.

Low Distractibility

The child who is not easily distracted tends to stick to an activity despite other noises, conversations, and people around her or him. This is desirable at certain times, such as feeding or dressing, when the child's full attention makes her or him cooperative. But low distractibility creates a problem if the child is intent on trying to reach a hot stove and will not be easily diverted; the child may have to be removed from the situation.

9. ***Persistence/Attention Span:*** Two closely related traits, with persistence referring to how long a child will stay with a difficult activity without giving up, and attention span referring to how long the child will concentrate before her or his interest shifts

High Persistence

The highly persistent child with a long attention span will continue to be absorbed in what she or he is doing for long periods of time. In the early childhood years, the highly persistent child is often easy to manage because once absorbed in an activity, the child does not demand your attention. However, the child may get upset and even have a tantrum if she or he is forced to quit in the middle of an activity, for example, at bedtime, mealtime, or departure time at a child care center. In such cases, you should warn the child in advance if time is limited, or you may decide to prevent the child from starting an activity that will have to be ended abruptly. The highly persistent child may also keep badgering to get something she or he wants, even after a firm refusal.

Handout #4 (cont'd.)

Low Persistence

The child with low persistence and a short attention span will not stick with a task that is difficult or requires a long period of concentration. If the bead does not go on the string right away, or if the peg does not slip into the hole after a few pokes, the child will give up and move on to something else. This child presents few caregiving problems in the early stages of childhood. Later, however, a short attention span and lack of persistence make learning at school and home difficult.

Handout #5
Three Temperament Types

The Easy or Flexible Child (about 40% of most groups of children)

Typically, the easy child is regular in biological rhythms, optimistically approaches most new situations, adapts quickly, and has a predominantly positive mood of low or medium intensity. Such a child is indeed easy for the caregiver. She or he is easily toilet trained, learns to sleep through the night, has regular feeding and nap routines, takes to most new situations and people pleasantly, usually adapts to change quickly, is generally cheerful, and expresses her or his distress or frustration mildly. In fact, children with easy temperaments may show very deep feelings with only a single tear rolling down a cheek.

The Difficult or Feisty Child (about 10% of children)

The difficult child is the opposite of the easy child. The child may be hard to get to sleep through the night, her or his feeding and nap schedules may change from day to day, and the child may be difficult to toilet train because of irregular bowel movements. The difficult child typically fusses or even cries loudly at anything new and usually adapts slowly. All too often this type of child expresses an unpleasant or disagreeable mood and, if frustrated, may even have a temper tantrum. In contrast to the "easy" child's reaction, an intense, noisy reaction by the difficult child may not signify a depth of feeling. Often the best way to handle such outbursts is just to wait them out.

Caregivers who do not understand this type of temperament as normal sometimes feel resentment at the child for being so difficult to manage. They may scold, pressure, or appease the child, which only reinforces her or his difficult temperament and is likely to result in a true behavior problem. Understanding, patience, and consistency, on the other hand, will lead to a "goodness of fit," with a final positive adjustment to life's demands.

The Slow-to-Warm-Up or Fearful Child (about 15% of children)

Finally, there is a group of children who are often called shy. The child in this group also has discomfort with the new and adapts slowly; but unlike the difficult child, this child's negative mood is often expressed slowly, and the child may or may not be irregular in sleep, feeding, and bowel elimination. This is the child who typically stands at the edge of the group and clings quietly to her or his mother when taken to a store, a birthday party, or a child care program for the first time. If the child is pressured or pushed to joining the group, the child's shyness immediately becomes worse. But if allowed to become accustomed to the new surroundings at her or his own pace, this child can gradually become an active, happy member of the group.

Handout #6
The Temperament Assessment Scale for Children

By answering the following questions for each child, you can increase your understanding of the temperaments of the children you serve. Refer to Handout #4 to help complete the scale.

1. ***Activity Level.*** How much does the child wiggle and move around when being read to, sitting at a table, or playing alone?

Active	1	3	5	Quiet

2. ***Regularity.*** Is the child regular about eating times, sleeping times, amount of sleep needed, and bowel movements?

Regular	1	3	5	Irregular

3. ***Adaptability.*** How quickly does the child adapt to changes in her or his schedule or routine? How quickly does the child adapt to new foods and places?

Adapts quickly	1	3	5	Slow to adapt

4. ***Approach/Withdrawal.*** How does the child usually react the first time to new people, new foods, new toys, and new activities?

Initial approach	1	3	5	Initial withdrawal

5. ***Physical Sensitivity.*** How aware is the child of slight noises, slight differences in temperature, differences in taste, and differences in clothing?

Not sensitive	1	3	5	Very sensitive

6. ***Intensity of Reaction.*** How strong or violent are the child's reactions? Does the child laugh and cry energetically, or does she or he just smile and fuss mildly?

High intensity	1	3	5	Mild reaction

7. ***Distractibility.*** Is the child easily distracted, or does she or he ignore distractions? Will the child continue to work or play when other noises or children are present?

Very distractible	1	3	5	Not distractible

8. ***Positive or Negative Mood.*** How much of the time does the child show pleasant, joyful behavior compared with unpleasant crying and fussing behavior?

Positive mood	1	3	5	Negative mood

9. ***Persistence.*** How long does the child continue with one activity? Does the child usually continue if it is difficult?

Long attention span	1	3	5	Short attention span

NOTES

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Lesson 3 Working with Temperament

Overview: This lesson provides participants with an opportunity to explore their own temperament traits and how both their temperament and a child's may influence the relationships in group care. A temperament assessment scale will be used for self-assessment. Charting their own and others' temperaments will strengthen participants' understanding of the ways in which their expectations and reactions either match or do not match an individual child's temperament. Finally, participants will explore the challenge of caring for children in a manner that meets the individual temperamental needs of each child in a group. This exploration should clarify the meaning of "goodness of fit" between the child's temperament and the style of care provided by the caregiver.

Philosophy: Infants and toddlers as well as adults have temperamental tendencies that affect the ways in which they interact with others. The quality of the relationship between a child and a caregiver depends, to a large extent, on the "goodness of fit" between them. There is a goodness of fit when the demands, expectations, and responses of the caregiver are compatible with the child's temperament, abilities, and other characteristics. Each child is unique, and each relationship between a child and a caregiver is unique. Understanding the child's temperament and one's own gives important insights into the child's behavior and one's reactions to that child. No matter how good or poor a fit between a child and a caregiver is at first, through responsive caregiving the caregiver can discover who that individual child is and create a nurturing relationship. As part of responsive caregiving, an awareness of temperament can help the caregiver create a good fit with each child in her or his care.

Key Concepts:

- An awareness of how one's own expectations, temperament type, reactions, and other characteristics influence one's response to a child's temperament is an important step in providing supportive and nurturing care.

- According to Stella Chess and Alexander Thomas, "the issue (of goodness of fit) is not whether [caregiver] and child are

similar, but what kinds of demands are made on a parti- child and what reactions the child's behavior creates in th [caregiver], irrespective of whether the [caregiver] and child are similar or different in temperament."

- Chess and Thomas state that there is a "good fit" when the demands and expectations of the caregiver are compatible with the individual child's temperament, abilities, and other characteristics. "Goodness of fit" between caregiver and child helps the child develop competence and confidence.

- An understanding of temperamental differences helps the caregiver adapt to the individual needs of each child. To begin with, the match between a caregiver and a particular child may be good or poor. Self awareness in combination with responsive caregiving gives caregivers insight into their reactions to each child's temperament and helps them create a "good fit" with every child in the group. In each relationship the caregiver discovers a style of care that works for the individual child.

- Everyone falls somewhere in the range of each of the nine temperament traits. Although many people do not have a *pattern* of temperament traits that corresponds to one of the three temperament types of flexible, fearful, or feisty, they still have temperament. Their pattern of temperament traits simply cannot be characterized by the three most commonly found combinations of traits. Even so, they still may be, for example, highly intense or highly distractible or highly adaptive or not very active.

Materials:

Infant/Toddler Caregiving: A Guide to Social-Emotional Growth and Socialization

Chalkboard/chalk or easel paper/pens

Overhead projector

Paper and pencils

Handout #7, Your Temperament Assessment Scale
Transparency/Handout #8, Chart of Temperament Traits
Transparency/Handout #9, Improving the "Goodness of Fit"
Handout #10, Important Points to Remember About Temperaments

Time: 60-90 minutes

Preparation: Make transparencies of Handouts #8 and #9, and duplicate enough of all handouts for each participant.

♦ ♦ ♦ ♦ ♦

Procedure:

Review assignment.

1. Begin with a discussion of what participants learned from observing temperament in the children they work with and paying attention to their own interactions with different children. Ask questions such as:

   - Were you able to figure out the temperament type of each child in your care? What made this easy? What made this difficult?
   - Did you find that children of some temperaments were easier for you to deal with than those of other temperaments?
   - How did you relate to children of different temperaments? Were you satisfied with your interactions? Did you feel they could be improved?

Pass out Handouts #7 and #8 for self assessment.

2. Pass out Handout #7, Your Temperament Assessment Scale. Explain the use of the scale. Ask participants to rate themselves for each temperament trait. To do so, they may wish to refer to the description of the nine traits on Handout #4.

   When they have completed the scale, ask participants to identify their temperament type based on their nine traits.

   Next, using Handout #8, Chart of Temperament Traits, have participants plot their temperament assessment ratings. With a different color ink, have them plot their assessment of the temperament of someone close to them with whom they sometimes have trouble getting along.

   Using the transparency of Handout #8, recreate a chart volunteered by a participant. Project and analyze the differences or similarities that may cause difficulties in the relationship.

Give a mini-lecture on the meaning of "goodness of fit."

Point out that temperament is one of many factors that influence both a child's behavior and one's reactions to that behavior. Emphasize that "goodness of fit" does not mean that the temperaments of the caregiver and child are similar or different. Rather, it refers to how well the caregiver can adapt her or his expectations and behavior to the child's temperament, abilities, and other characteristics.

Two caregivers with the same temperament may respond differently to a particular child. For example, a low-active caregiver may feel exhausted when caring for a high-active child, while another low-active caregiver may be energized by the vitality of that same high-active child.

Form small groups based on temperament type.

3. Divide the group into small groups of three or four people based on their "type": flexible, fearful, or feisty. Pass out Handout #9, Improving the "Goodness of Fit" to each participant to refer to during the small group activity.

KEEP GROUPS SMALL, explaining that individual needs will not be met if the group is too large.

Some participants may feel that they do not belong in any of the three temperament type groups because they have a different pattern of traits. For these people, form groups of "other". Each group should pick a recorder who will report back to the large group. Explain that the reports are to be brief, 3-5 minutes maximum. Allow 15-20 minutes for the exercise.

In each group, participants should first take turns describing their challenging child to the others in the group.

- Can they identify their child as flexible, fearful, or feisty? What challenges are they experiencing with the child?
- Based on what they learned in the video, how might they approach the child differently?
- Think about how their attitude and expectations fit with the temperaments of the challenging infant. How good is the fit between the caregiver and this child? How can she or he improve the "goodness of fit"?

Small groups pick one child to focus on.

After describing each child, the group should pick one child as a focus for the group. Once the child is selected, the participants should "problem solve" how to support this particular child in the caregiving setting. Have participants refer to what they saw in the video, what is summarized on Handout #4, and their own experience.

Groups report back to large group.

4. Allow 3-5 minutes for each group to report (i.e., for 15 people in the group, there will 4-5 groups, so that would take about 20-25 minutes).

   Describe the focus child, identifying temperament type and suggestions for caring for the child in a more effective and supportive way.

Pass out Handout #10. Individuals respond to points of special interest to them.

5. Explain that there are some important points to remember about working with infants and toddlers of different temperaments, which are discussed in Handout #10, Important Points to Remember About Temperaments. Pass out Handout #10 to every participant. Ask participants to choose one point of particular interest to explain in their own words and with their own examples. Allow two minutes for participants to choose and think about their points. If the group is large, have one person speak about each point. If some points are left out, speak about them yourself.

Summarize lessons on temperament.

6. Summarize the lessons on infant/toddler temperament by telling the group that a better understanding of our own temperaments and how they interact with those of the children in our care can build greater self-awareness and more rewarding relationships. Especially when an infant or toddler's behavior is difficult to deal with, knowing about different temperaments can help caregivers maintain patience and a positive attitude.

Journal writing and reflection.

7. Ask participants to think about and note three ways they can use the information they learned about temperaments in their own caregiving setting.

Handout #7
Your Temperament Assessment Scale

By answering the following questions for yourself, you can increase your understanding of your own temperament.

1. ***Activity Level.*** How much do you need to move around during the workday? Can you sit through a long meeting without wiggling?

Active	1	3	5	Quiet

2. ***Regularity***. How regular are you in your eating, sleeping, and elimination habits?

Regular	1	3	5	Irregular

3. ***Adaptability***. How quickly do you adapt to a change in schedule or routine, a new place or food?

Adapt quickly	1	3	5	Slow to adapt

4. ***Approach/Withdrawal***. How do you react the first time to new people, places, activities, or tools?

Initial approach	1	3	5	Initial withdrawal

5. ***Physical Sensitivity***. How aware are you of slight differences in noise level, temperature, or touch?

Not sensitive	1	3	5	Very sensitive

6. ***Intensity of Reaction***. How strong are your reactions?

High intensity	1	3	5	Mild reaction

7. ***Distractibility***. Are you easily distracted?

Very distractible	1	3	5	Not distractible

8. ***Positive or Negative Mood***. How much of the time do you show pleasant, joyful behavior compared with unpleasant or grouchy moods?

Positive mood	1	3	5	Negative mood

9. ***Persistence***. How long will you continue with a difficult task?

Long attention span	1	3	5	Short attention span

Transparency/Handout #8
Chart of Temperament Traits

Chart developed by Janet Poole, Faculty, Program for Infant/Toddler Caregivers

	CHART OF TEMPERAMENT TRAITS								
	Low Activity	Irregularity	Slow to Adapt	Withdraws	High Sensitivity	Mild Reaction	Low Distractibility	Negative Mood	Low Persistence
5									
4									
3									
2									
1									
	High Activity	Regularity	Adapts Quickly	Approaches	Low Sensitivity	High Intensity	High Distractibility	Positive Mood	High Persistence
	Activity Level	Biological Rhythms	Adapt-ability	Approach/ Withdraw	Sensitivity	Intensity of Reaction	Distrac-tibility	Quality Mood	Persistence

Transparency/Handout #9
Improving the "Goodness of Fit"

1. Identify your "challenging child" as flexible, fearful, feisty, or a mixture of these temperament types.

2. What kinds of situations are particularly challenging for you with this child?

3. Based on what you learned in the video, how might you approach the child differently?

4. Compare your own temperament with that of the challenging infant. Ask yourself: Is there something in the child's behavior that I'm not used to?

5. How well do you adapt your expectations and behavior to fit with this child's temperament?

6. How can you improve the "goodness of fit"?

Handout #10
Important Points to Remember About Temperaments

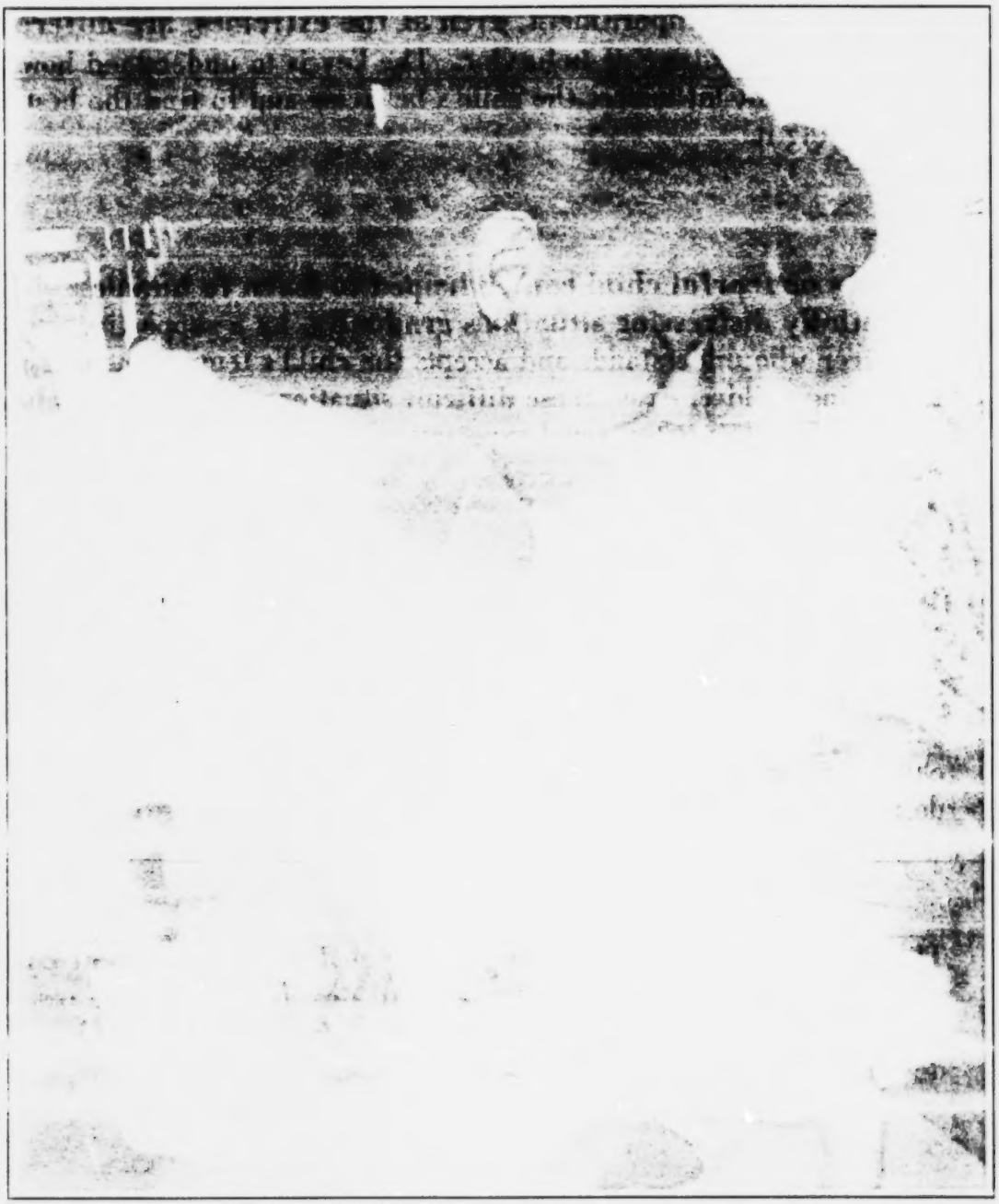
1. **Differences in temperament, even at the extremes, are differences in the normal range of behavior.** The key is to understand how a particular trait influences the child's behavior and to find the best way of handling it.

2. **A feisty or fearful child can be helped to learn to handle potentially distressing situations gradually,** by a supportive caregiver who understands and accepts the child's temperament issues. Protecting children from these difficult situations denies them valuable opportunities to master social expectations and develop confidence and self-worth.

3. **Do not blame the child or the parents** for a child's troublesome temperament trait. The child is not being deliberately troublesome, nor does the child have that temperament trait because of anything the parents have done. However, the parents may not understand their child's temperament and may be applying child-rearing practices that do not fit the child's temperament needs.

4. **The caregiver's way of relating to the child's temperament can play a big role in the child's emotional development.** The response the child gets from adults contributes to the self-image she or he develops.

5. **Any temperament trait can be an asset or a liability** to a child's development, depending on whether the caregivers recognize what type of approach is best suited to that child.



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Lesson 4 Getting in Tune

Overview: This lesson provides information that can help caregivers provide sensitive, responsive care to each infant/toddler in their group. It is organized around the video *Getting in Tune*. In the session, participants view the video in full and then discuss it section by section. By doing so, they will learn the responsive process of watching, asking, and adapting.

Philosophy: The relationship between an infant and her or his caregiver is at the heart of quality infant/toddler care. Through experiencing the warmth and support of caring adults, children gain a basis for development and learning in all domains – physical, cognitive, and social-emotional. When an infant and caregiver interact in a harmonious way enjoyable to both parties, they can be said to be "in tune." Getting in tune is a process that can be learned.

Key Concepts:

- Knowing how to read and to respond to infants' cues appropriately is at the heart of infant/toddler caregiving.
- Learning about children's normal development helps caregivers know what to expect of infants and toddlers at different ages and stages.
- Caregivers can learn more about the children in their care by talking with family members about what goes on at home and by spending time in the children's community.
- How caregivers respond to children is influenced by their own feelings. It is helpful to become aware of one's own feelings and emotional reactions to situations that arise in child care.
- By paying attention to a child's messages, a caregiver can respond in a way that truly meets the child's needs. Caregivers can learn a "responsive process" that helps them get more in tune with the children. There are three steps to this process: "watch," "ask," and "adapt."

Materials:

Getting in Tune: Creating Nurturing Relationships with Infants and Toddlers

Video magazines for every participant

Infant/Toddler Caregiving: A Guide to Social-Emotional Growth and Socialization

OPTIONAL:
Together in Care: Meeting the Intimacy Needs of Infants and Toddlers in Groups
Infant/Toddler Caregiving: A Guide to Culturally Sensitive Care
Essential Connections: Ten Keys to Culturally Sensitive Child Care

Videocassette recorder and monitor

Chalkboard/chalk or easel paper/pens

Overhead projector

Transparency/Handout #11, The Responsive Process

Time:

1-2 hours

Preparation:

Preview the video *Getting in Tune.*

Read the video magazine.

Read pp. 40-46 in the *Guide.*

Make a transparency of Handout #11, and duplicate enough copies for each participant.

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Procedure:

Participants reflect on nurturing relationships.

1. Begin by asking participants to think a moment and then talk with the person sitting next to them about what it means to have "a nurturing relationship." Allow two to three minutes for this activity. Then try as a group to come up with a definition of a nurturing relationship between any

two people, not necessarily a caregiver and a child. Elements of the definition should include support of the person's self-esteem, trust, and sense of security. Write the group's definition on the chalkboard or easel paper.

Introduce the video.

2. Explain to participants that you are going to show a video entitled *Getting in Tune: Creating Nurturing Relationships with Infants and Toddlers.* Ask participants why they think the producers of the video selected the term, "getting in tune." What does the title mean to them? Write their responses on the chalkboard/easel paper.

Show first video segment and discuss.

3. Show the video through the scene showing the caregiver and two children with a hat and stop for discussion (about 6:01 minutes into the video). Ask the participants what impressed them about that scene.

   - In what ways did the caregiver in the video show respect for the children?
   - How is her respectful attitude likely to increase the children's sense of self-worth?

   Add the following points if they are not made by the group:

   - She let the children set the pace.
   - She recognized the children's feelings.
   - She received from the child, rather than taking.
   - She offered choices, rather than imposing a solution.

Show the second video segment and discuss.

4. Continue showing the video, stopping for discussion following the presentation about studying child development (about 8:00 minutes into the video).

Participants sitting together discuss the importance of child development knowledge.

5. Ask participants to spend five minutes discussing the following questions with the people sitting next to them (three people to a group). Have one person write down the group's comments.

   - Have they encountered the examples of developmental stages of infants and toddlers portrayed in the video?
   - What are other examples of behavior at different developmental stages?
   - How has this type of knowledge been personally useful to the participants present?

Allow five minutes for participants to report back to the group on the usefulness of child development information in their work.

Show the third segment and discuss.

6. Continue showing the video, stopping for discussion after the segment on knowing the families and communities from which the children come (about 9:50 minutes into the video). Ask participants to provide examples of differences among families, cultures, and communities from their own experiences.

   - How did these differences affect their ways of responding to the children?

Show the fourth segment and reflect on the importance of self awareness.

7. Continue showing the video, stopping for discussion following the section dealing with self awareness (about 13:00 minutes into the video). The example in the video focuses on the caregiver's fear.

   Ask participants to write down one other difficult feeling a caregiver might have that could influence how she or he relates to children. Next, have them write down one or more behaviors of children that might trigger this feeling in caregivers or parents.

   Ask the group to share what they have written. Then ask the group at large the following question:

   - How might a caregiver deal with these difficult feelings to avoid their potential negative effect on the children?

Show the video to the end and discuss nurturing relationships in light of the video's message.

8. Continue showing the video through to the end. Then ask participants to call out a word that describes their reaction to the "dance" between Cuita and Miranda. Return to the definition of a nurturing relationship created by the group at the beginning of the session. Ask participants what kinds of things they might do to get in tune with the children in their care.

   OPTIONAL: Create a group poem with some of the words that are called out.

Project transparency and review.

9. Put Transparency #11, The Responsive Process, on the overhead, and/or pass out Handout #11. Review the three steps in the responsive process. Remind participants to be aware of their own emotional states and feelings that may interfere with hearing a child's messages, including current feelings and those from past experiences.

Participants do the "hand dance" exercise in pairs.

10. Conclude this discussion of the responsive process by leading participants in a special dance. Explain that dance is a highly sophisticated form of nonverbal communication using a whole range of behaviors to create and sustain communication. Because it is nonverbal, dance is a wonderful experience in becoming responsive to your partner and aware of yourself at the same time.

    First, divide the group into pairs. One person is to lead and the other to follow. Instruct the participants to put their hands together, palm to palm, with fingers outstretched, or they can place palms close to each other without touching, if preferred. Have them decide who will take the role of leader first, and then let the dance begin! Allow the participants to do this for two to three minutes.

    Second, have the pairs reverse the leader and follower roles and repeat the process.

    Third, have the pairs "dance" with no leader and no follower.

    Stop the process, and have the pairs share their experiences with one another. Now invite participants to share with the large group.

Summarize the dance experience.

11. Suggest to participants that the most rewarding dance of all is the one with no leader and no follower and that this should be used with children whenever possible. It uses one's intuitive, reflective, and responsive capabilities and integrates the process of caregiving into a loving, nurturing, and creative process.

Assign participants to practice the responsive process.

12. Assign participants to consciously practice the responsive process with different children for at least five minutes per day for the coming week. Explain that they may feel self-conscious initially as they do so, but the process will become spontaneous as it becomes more familiar.

OPTIONAL: If there is sufficient time, you may wish to show the video again in its entirety. Often during a second viewing, participants will pay attention to points they may have overlooked during the first viewing.

Pass out video magazine.

13. Make sure each participant has a copy of the *Getting in Tune* video magazine, which summarizes the key points of the lesson.

Handout #11
The Responsive Process

Step One: Watch

Begin by just watching, not rushing to do things for the baby.

Watch for both verbal and nonverbal cues.

Step Two: Ask

Ask yourself: What messages is the child sending? What are the emotional, social, intellectual, and physical parts to the message? Does the child want something from me at this moment?

If so, ask the child: What is it that you want?

Step Three: Adapt

Adapt your actions according to what you believe to be the child's desires.

Watch how the child responds to your actions.

Modify your actions according to the child's response and watch, ask, and adapt again.

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Lesson 5 The Responsive Process

Overview:

This session serves to deepen participants' understanding of the watch, ask, and adapt responsive process. First, participants learn how to develop moment-to-moment awareness so they can be emotionally present in order to practice the responsive process. Several video clips of child/caregiver interactions are shown where participants have the opportunity to discuss and analyze the degree of "in tuneness" between caregiver and child. Finally, volunteers are asked to role play caregiver/child interactions for group discussion.

Philosophy:

The ability to be responsive to infants and toddlers comes from a complex blend of awareness and behaviors that can be learned. Although the responsive process is broken down into three steps, watch, ask, and adapt, for the purposes of introducing the concept in a manageable way, when the caregiver is really responsive, the three actions are simultaneous and fluid. To achieve this skill takes practice.

Key Concepts:

- In order to be truly responsive, the caregiver must cultivate the ability to be present with the child in that moment.
- A relaxed, alert mental state can help the caregiver concentrate on a child's behavior and attitude.
- Proficiency at being responsive comes from repeated experiences of observing a child, attempting to read the cues, modifying one's behavior, and reading the cues again.
- Responsiveness includes trial and error. Every caregiving act will not be in tune.
- As caregivers become more attuned to the meaning of children's expressions, gestures, sounds, and behavior, being with infants becomes more interesting and enjoyable.

Materials:

Infant/Toddler Caregiving: A Guide to Social-Emotional Growth and Socialization

Stacking toy and cardboard book appropriate for 12-month-old child

Overhead projector

Transparency/Handout #12A, B, and C, The Responsive Process
Transparency/Handout #13, Moment-to-Moment Awareness: Being Present
Handout #14, Role Play
Handout #15, Tips for Getting in Tune

OPTIONAL: *Floor Time* (based on the work of Dr. Stanley Greenspan), Scholastic, Inc., Jefferson, MO 65101, 1990

Time: 1 hour

Preparation: Read pp. 40-46 in the *Guide*.

Make transparencies of Handouts #12A, B, and C and #13 and duplicate enough of all handouts for each participant.

If possible, a week before the session (unless done previously), assign participants to consciously practice the responsive process for at least five minutes per day. The responsive process should be practiced with different children.

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Procedure:

Review the responsive process and report back on the assignment.

1. Project Transparencies #12A, B, and C or pass out Handouts #12A, B, and C and review the responsive process. If you have assigned participants to practice the responsive process, ask them to share what they experienced:

   - Was the process difficult or easy?
   - Did they learn anything that surprised them or anything new about themselves?
   - Did they change the way they related to any individual child as a result of practicing the process?

OPTIONAL: Show the "floor time" segment of Dr. Stanley Greenspan's video *Floor Time*, as an illustration of responsive caregiving, and discuss.

Reflective exercise.

2. Explain to the group that they are going to do an exercise in moment-to-moment awareness. The purpose of this exercise is to encourage them to be really present in the moment. By developing and practicing moment-to-moment awareness, participants can prepare themselves to be sensitive and responsive with infants and toddlers.

   Slowly and gently, lead participants through the moment-to-moment awareness activity:

   - Create a relaxed state for yourself.
   - Become aware of your feelings, both physical and emotional.
   - Now, at the same time, be aware separately of what is going on around you.
   - Capture the essence of this dual awareness.
   - Try not to judge or evaluate how you feel or what you see, hear, touch, or smell.
   - Simply accept and experience your inner state and the outside world.
   - Now you are ready to take an action or make a judgment. Take a moment to do something to make yourself more comfortable or jot down a thought in your journal.

   When participants have finished writing, pass out Handout #13, Moment-to-Moment Awareness.

Introduce and begin role play activity.

3. Tell participants that now you want to give them an opportunity to deepen their understanding of the responsive process by enacting some scenarios. Pass out Handout #14 and ask for three volunteers from among the participants. Assign each of the individuals one of the roles on Handout #14, allow a few moments to read the scenario, and then begin with the first role play. Take about five minutes to do the role play, with one person playing the caregiver, one the infant, and the third observing and taking notes.

Discuss Scenario 1.

4. Begin by asking the person who played the infant how she or he felt during the role play. Then ask the person who played the caregiver how she or he felt during the experience. Ask the observer what she or he saw.

Finally, ask the other members of the group what they observed in the role play. Then go on to Scenario 2.

Role play Scenario 2.

5. Try the second role play with each person in the same role. Repeat the discussion as in the first role play. Ask each of the role players to identify what some of the significant differences were between the first and second role plays and why they thought they occurred.

Review Transparency #12.

6. Put Transparencies #12A, B, and C on the overhead projector again and review the watch, ask, and adapt steps once again. Ask participants what the experience of observing the responsive process was like for them during the role play. Did they notice interactions between caregiver and child that they might previously have missed?

Discuss Handout #15 and summarize the lesson.

7. Pass out Handout #15. Review the points on this handout as a way of summarizing the material covered in the lesson.

Journal writing about individual points in Handout #15.

8. Now, have each participant choose one tip from Handout #15 to focus on. Ask participants to use their journals to write their responses to the following questions. Allow a minute or two between questions and then a few minutes more for them to finish writing at the end:

   - What is your general reaction to the tip?
   - Is it a new idea to you? Do you feel like you already practice it?
   - Does it seem like an easy thing to do or a difficult one? Why?
   - How can or do you help yourself remember to practice this behavior?
   - Try to think of a troublesome interaction you've had with a child (such as an infant crying because she or he didn't want a diaper change) where the advice in this tip might have helped you handle the situation in a more satisfying way for you both.

   While participants are finishing up their writing, choose a tip yourself, and think about your responses to the above questions.

Share journal writing on the responsive process.

9. Ask participants if anyone would like to share some of the thoughts they had during the journal writing. If you wish, share your own thoughts on the tip you chose.

Transparency/Handout #12A
The Responsive Process
Step One: Watch

Try to see the world as this child sees it.

Begin by just watching, not rushing to do things for the baby.

Watch for both verbal and nonverbal cues.

Only by first learning from the child what she or he is calling for can you choose the right response.

Transparency/Handout #12B
The Responsive Process
Step Two: Ask

Ask yourself how you can arrange the environment–physically, emotionally, and socially–in ways that will assist the child most.

Ask the child what she or he wants.

Ask yourself: What messages is the child sending? What are the emotional, social, intellectual, and physical parts to the message?

Be aware of your own emotional state and feelings that may interfere with hearing the child's message, including your current feelings and those from past experiences.

Know your "hot spots" and "blind spots."

Transparency/Handout #12C
The Responsive Process
Step Three: Adapt

Engage the child to discover the child's preferences.

Adapt your actions according to the child's desires.

Watch how the child responds to your actions.

Modify your actions according to the child's response.

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Transparency/Handout #13
Moment-to-Moment Awareness: Being Present

- Create a relaxed state for yourself.
- Become aware of your inner state and feelings.
- Now, at the same time, with your eyes open, become aware separately of what is going on around you.
- Capture the essence of this dual awareness.
- At first, do not judge or evaluate how you feel or what you see, hear, touch, and smell.
- Simply accept and experience your inner state and the outside world before you take any action or make any judgments.

Handout #14
Role Play

This role play can be done with either two or three roles, a caregiver, a 12-month-old, and an observer (optional).

Scenario 1

Twelve-month-old: Play and explore materials. The materials need to be goal directed, like a stacking toy or book.

Caregiver: The task is to help the child use the material appropriately.

Observer: Watch and record the behaviors of the caregiver and child.

Scenario 2

Twelve-month-old: Play and explore materials. The materials need to be goal directed, like a stacking toy or book.

Caregiver: The task is to watch the child to determine what is capturing the child's interest. Then the caregiver is to adjust her or his behavior in response to the child's cues.

Observer: Watch and record the behaviors of the caregiver and child.

Handout #15
Tips for Getting in Tune

1. Be respectfully attentive. Observe without interfering. Spend time quietly looking and listening–leaving the child's psychological space intact–without interrupting or breaking into the child's activity.

2. Be an asker: Ask the child through words and actions what is right for her or him. Ask yourself: "I wonder what it is that Meg wants?" "I wonder what Joseph is interested in at this moment?" "Is what I'm doing meeting the child's needs?"

3. Pay attention to your own feelings. Gauge the part your feelings play in the relationship.

4. Keep in mind your own special emotional inclinations–your "hot spots" and "blind spots."

5. Watch the infant as you act. When you take an action, watch the infant while you do it, and do not go too fast. Give the baby time to show you a response that you can learn something from.

6. See behind the action. Do not just see an action or behavior, but see the reason and emotion behind the action. When Sarah scribbles on the wall at 16 months, for example, she may be so consumed with trying out the new line-making skill that she may be totally unaware that there is something unacceptable about what she is doing.

7. Use the information you have learned about children and child care–how children develop, how to cope with cultural differences, how to use materials–to assist you in the adaptation process.

8. Pay special attention to what you have already learned from your interactions with each child in your care.

9. Use all the information artistically to create a unique exchange with each child.

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Lesson 6 Ten Gifts

Overview: This lesson continues the topic of how caregivers can form sensitive and responsive relationships with each child. The lesson is based on an article by Dr. Jeree H. Pawl in *A Guide to Social-Emotional Growth and Socialization.* Dr. Pawl is director of the Infant-Parent Program at the University of California, San Francisco, and consulting editor of *Zero to Three*, the journal of the National Center for Clinical Infant Programs. Through discussion and experiential and reflective exercises, participants explore Dr. Pawl's guidelines to supporting self-esteem and social-emotional development in infants and toddlers.

Philosophy: There is much that a sensitive caregiver can do to promote the social-emotional development of infants and toddlers. Very young children need help from adults to sort out issues of dependence and independence, power and intimacy, self-worth and self-control. When the caregiver's messages support the infant's feelings of competence, independence, security, and love, the child can be said to be receiving a great gift.

Key Concepts:

- Confidence in the world is promoted when the caregiver responds to the infant's cues in a friendly, prompt, and satisfying manner.
- Providing a consistent setting with familiar caregivers and routines makes it possible for the infant to predict events of the day. This supports the infant's self-confidence and sense of security.
- When it is within the infant's capacity, learning ways to meet her or his own needs empowers the infant and fosters feelings of self-esteem.
- Toddlers need caring adults to help them feel good about themselves while they learn that certain of their behaviors are not acceptable.
- As toddlers become more independent and aware of social rules, they experience a good deal of conflict and confusion.

Caregivers can help by letting the toddler know that adults cannot solve everything and by showing understanding and empathy when the toddler's desires cannot be satisfied.

Materials:

Infant/Toddler Caregiving: A Guide to Social-Emotional Growth and Socialization

Chalkboard/chalk or easel paper/pens

Overhead projector

Optional: *Together in Care*
Respectfully Yours
Infant/Toddler Caregiving: A Guide to Routines

Transparency/Handout #16, Ten Caregiving Gifts
Handout #17, Caregivers' Practices That Support Social Development

Time:

1-2 hours

Preparation:

Read pp. 47-60 in the *Guide*.

Make a transparency of Handout #16, and duplicate enough of both handouts for each participant.

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Procedure:

Introduce the lesson.

1. Begin this training session by telling participants that today you are going to focus on how caregivers can promote children's feelings of self-worth, security, and the ability to get along with others. Ask participants to step back for a moment and think about why it is important to nurture the emotional and social growth of the children in their care. Write their responses on the chalkboard/easel paper.

   Remind participants that children who feel good about themselves will grow into adults who are confident, productive members of society. Children who do not feel good about themselves often grow into adults who are unhappy, angry, and/or depressed. They may strike out at others violently because they don't know how else to express their feelings.

It is important for caregivers to step back now and again and recognize the importance and value of the work they are doing and the impact they have on children.

Lead exercise in remembering positive feelings from early childhood.

2. Tell participants that you want to ask them to do a relaxation exercise that should help underscore the importance of this work. Gently lead participants through the steps in this activity to recapture their own feelings of being safe and comfortable in early childhood:

   - Get into a comfortable position, and relax your body.
   - Close your eyes.
   - Take some deep breaths, and release any stress and strain you are holding in your body at the moment.
   - Go back in your mind to your earliest memory of feeling safe and comfortable.
   - Capture the essence of this feeling.
   - Describe to yourself all the things you can about these feelings.

   Ask for volunteers to share what they experienced in this exercise. Respect each person's right not to share, because this exercise may call up strong and painful emotions for some participants. Suggest that, if this is so, they may want to talk to a close friend about it after the session.

Introduce the idea of giving emotional gifts to children.

3. Explain that today you are going to be discussing additional ways that caregivers can promote self-esteem, security, and social competence in children through their interactions with them. Child development expert Dr. Pawl has summed these up as ten gifts that caregivers can give to the infants and toddlers in their care.

Ask participants to think of some "gifts."

4. Before sharing Dr. Pawl's ideas, ask the participants to come up with their own list of gifts. What do you think caregivers could do to support infants and toddlers in developing self-esteem, security, and social competence?

   Write participants' suggestions on the chalkboard/easel paper or on an overhead transparency.

Show Transparency #16 and discuss Jeree Pawl's "ten gifts."

5. Now, put Transparency #16 on the overhead, and/or pass out Handout #16 to each participant. Review each gift with the participants.

Gift One: Respond to very young infants in ways that encourage them to feel they can make things happen.

Babies are dependent on adults to have their needs met. However, even very young infants can let the caregiver know when they have a need. When the baby's communication of need brings a prompt and caring response—not at the caregiver's convenience, but when the need is expressed—the response gives the baby the experience of having an effect. Early infancy is the time when adults can help the young infant gain a sense of being able to cause things to happen. It is not the time to teach children the limits of their power.

Gift Two: Help young infants learn they have ways to take care of their own needs.

Feeling competent is necessary for developing self-esteem. By helping even very young children learn what they can do for themselves, the caregiver promotes competence. For example, the caregiver can help the baby find a comfortable position in which to comfort herself or himself. For infants and toddlers, offering choices and responding to a child's preferences support the development of competence.

This process works only when the child's ability to care for herself or himself is within the child's capacity. Otherwise, the child is overwhelmed. Here the art of caregiving comes in: When do I help? How much should I help? If caregivers meet babies where they need help and let babies do what they can, the babies will experience an overall sense of control and confidence.

Gift Three: Help infants and toddlers develop confidence and trust in others.

At the same time the baby is experiencing an emerging self-assurance, she or he also is developing a complementary sense of confidence in others, including trust of the caregiver. If the baby has confidence in self, others, and how the world behaves, then the baby will begin to have expectations about what will happen when a need is expressed. Caregiver-child interactions work best for babies when the baby can begin to predict what will happen. It is preferable that there be one primary caregiver for the infant who stays with the infant for the long term. This way the caregiver can learn to read

the child's earliest messages and respond predictably to the child's communication.

Gift Four: Help babies learn about intimacy.

Intimacy is developed when the child has a limited number of caring adults whom she or he can get to know well. Closeness and intimacy with the primary caregiver are developed during recurring caregiving routines, such as welcoming the child at the beginning of the day, feeding, and diapering.

Gift Five: Help toddlers learn that adults cannot solve every problem.

When a child reaches the toddler stage, it is time for the caregiver to help the child see that she or he has some desires that the caregiver cannot and will not satisfy. For example, toddlers will sometimes want things they cannot have because of safety or other reasons. The caregiver can expect the toddler to gradually show increased tolerance for delay and for the caregiver's inability at times to gratify the child's wishes and desires. It is vital that the child learn that adults cannot make everything alright. Sometimes it is easier for the caregiver to teach this than for the parents, who often wish primarily to make the child happy.

Gift Six: Be tolerant of toddlers' internal conflicts and desires.

Caregivers occasionally frustrate some powerful wishes of toddlers and are called on to satisfy the unsatisfiable. How caregivers understand and feel about those situations matters as much as the child's behavior does, because the child will quickly sense the caregiver's feelings. Often, the toddler's desires are in direct conflict with one another: "I will be big. I will be small. I will be big small!" At such a time, the caregiver needs to recognize the child's dilemma, sympathize with it, and offer a hug, thereby basically calling a halt to efforts to please.

Gift Seven: Help toddlers sort out the evaluations of adults.

When adults respond negatively to a child who is angry or who has behaved inappropriately, the child may have difficulty understanding the adult's responses. Caregivers can help children sort things out by naming feelings, accepting

feelings, and never demanding that children not feel them or not have some way to express them. For example, suppose Sally tries to explore a record player and is stopped by her caregiver. She throws a fit. The caregiver can acknowledge Sally's interest in the record player and her feelings of grumpiness when her behavior is not allowed. By doing so, she or he acknowledges Sally's feelings and her right to them. Rushing to change the subject or make the child happy deprives the child of the opportunity to learn to handle and tolerate feelings and to learn what her or his feelings are.

Gift Eight: Match your reaction to the temperament of the baby.

Children have different temperaments, as do caregivers. By understanding the temperaments of children, caregivers can respond in ways that match the child's emotional style. See pp. 4-14 in *Infant/Toddler Caregiving: A Guide to Social-Emotional Development and Socialization* for further information on this topic.

Gift Nine: Exchange information with parents about their children.

Continuity of care is important to the emotional security of both infants and toddlers. This continuity is helped by the careful exchange of information about the child's development, the child's mood and behavior, and the significant things that happen to the child. Taking the time to share the information ensures continuity of understanding and forges the quality of relationship between parent and caregiver that the child needs.

Gift Ten: Remind children in child care of the absent parents' continued existence.

Pictures, items from home, and conversation about absent parents contribute to the children's sense of security about their parents' guaranteed return. Talking with the parent at arrival and departure times also ensures a less abrupt shift from parent to caregiver.

Participants summarize each gift to create a chart.

6. Create a chart on the chalkboard/easel paper titled "Ten Gifts," with two columns. The first column is "The Gift," and the second column is "What the Child Gets." Have participants count off to ten. (If the group is large, the count

can begin again, and all participants with the same number can work together on one "gift.") Ask participants to think about the gift with the number they have counted off and come up with a short phrase for column #1 of the chart expressing what the caregiver's behavior should be and a short phrase for column #2 that describes the positive outcome for the child. Allow about five minutes for individual work. Then reconvene the large group. Ask each person or group to report back on the work and fill in the chart with the phrases.

Make copies of this chart, and give it to participants at the next session—or mail it to them if they are not meeting again.

Small groups study "visions."

7. Pass out Handout #17 to each participant. It lists four visions for high-quality child care and a series of practices that support the achievement of each vision. Divide participants into four groups. Assign each group one of the four visions. The group's task is to review the vision and associated practices, discuss some ways these practices occur in their settings, and then report to the rest of the group on the vision and how it can be achieved in real-life settings. Allow 15 minutes for discussion, and limit group presentations to ten minutes.

Transparency/Handout #16
Ten Caregiving Gifts

Gift One: Respond to very young infants in ways that encourage them to feel they can make things happen.

Gift Two: Help young infants learn they have ways to take care of their own needs.

Gift Three: Help infants and toddlers develop confidence and trust in others.

Gift Four: Help babies learn about intimacy.

Gift Five: Help toddlers learn that adults cannot solve every problem.

Gift Six: Be tolerant of toddlers' internal conflicts and desires.

Gift Seven: Help toddlers sort out the evaluations of adults.

Gift Eight: Match your reaction to the temperament of the baby.

Gift Nine: Exchange information with parents about their children.

Gift Ten: Remind children in child care of the absent parents' continued existence.

Handout #17
Caregivers' Practices That Support Social Development

(The visions listed here are excerpts from Vision VII in *Vision for Infant/Toddler Care: Guidelines for Professional Caregiving.* See also pp. 3, 39, and 63, in the Program for Infant/Toddler Caregivers' *Infant/Toddler Caregiving: A Guide to Social-Emotional Development and Socialization.*)

Vision: To develop social skills needed to work and play cooperatively and productively, children must feel secure in themselves and value others. While nurturing each child's own self-esteem, caregivers should promote and model interactions that assist children in learning to get along with others and encourage feelings of empathy and mutual respect.

Practices: The infant/toddler caregiver working in a center or family child care home:

- Learns about children's stages of social development and helps children and parents deal with such typical issues as separation anxiety, negative behavior, shyness, sexual identity, and making friends
- Has realistic expectations for young children's social behavior based on the children's level of development
- Understands that the social roles and expectations for children in their family setting may be different from the roles and expectations in the child care program and helps the children to behave appropriately in each
- Encourages children to ask for and accept help from others and to give help to one another
- Helps children learn to respect the rights and possessions of others
- Helps the children become aware of their feelings and those of others by talking about feelings with each child
- Serves as a social model by building a positive relationship with each child and parent and by maintaining positive relationships with other adults in the center or with family members in a family child care home
- Responds quickly and calmly to prevent children from hurting each other and shows understanding of both aggressor and victim in conflicts
- Encourages children to make friends
- Encourages play and relationships among all children, including children with handicapping conditions and across racial, language, ethnic, age, and gender groups

Vision: *Young infants* (birth to nine months) enter the world with a capacity and a need for social contact. Infants need both protective and stimulating social interactions with a few familiar, caring adults who get to know the children as individuals, use frequent eye contact, play responsive social games, and talk to the children during feeding, bathing, and dressing. The adult's understanding response to the infants' signals increases the infants' participation in social interactions and their ability to read the signals of others.

Handout #17 (cont'd.)

Practices: The caregiver working with *young infants*:

- Responds to social gestures and noises of infants and elaborates on the interactions appropriately
- Plays responsive social games
- Recognizes that infants need a familiar social partner (caregiver) who is dependable, warm, and loving
- Takes advantage of opportunities for social play during feeding, bathing, dressing, and other aspects of physical care

Vision: *Mobile infants* (6 to 18 months) are curious about others but need assistance and supervision in interacting with other children. They continue to need one or a few adults on a consistent basis as their most important social partner(s).

Practices: The caregiver working with *mobile infants*:

- Structures periods of time for social interaction with other children and remains available to protect, comfort, or facilitate but does not interfere unless necessary
- Provides infants with opportunities to observe social interactions among older children and among adults
- Provides more than one of several attractive toys to minimize conflicts and waiting for a turn
- Engages in social play that supports the children's developing social skills, for example, taking turns with a ball, conversing at mealtimes, sharing a snack, or putting toys away
- Encourages children to comfort and help each other

Vision: *Toddlers'* (16 to 36 months) social awareness is much more complex than that of younger children. Toddlers can begin to understand that others have feelings, too – sometimes similar to and sometimes different from their own. They imitate many of the social behaviors of other children and adults: taking turns with a ball, sharing a game, putting toys away. As toddlers become increasingly interested in other children, they continue to rely on familiar adults to guide and support their interactions.

Practices: The caregiver working with *toddlers*:

- Encourages cooperation rather than competition
- Helps toddlers understand that sometimes they must wait for attention because of other children's needs
- Encourages children to interact with each other in playful and caring ways
- Understands that sharing, taking turns, and playing with others are difficult for toddlers and encourages their attempts to use words to resolve conflict

NOTES:

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Lesson 7 Emotional Development in Infants and Toddlers

Overview: This lesson addresses the healthy emotional development of children from birth through age three and the types of early experiences that are necessary to nurture this growth. The lesson provides the platform on which caregiving skills in fostering emotional development can be built. Video segments from the Program for Infant/Toddler Caregivers' and other training videos (to be found in the Program for Infant/Toddler Caregivers' *Infant/Toddler Caregiving: A Guide to Annotated Media Training Materials*) and observation of children in child care settings are recommended as aids to understanding infant/toddler's emotional stages.

Philosophy: Infants experience a series of distinctive social-emotional stages as they grow. By understanding these stages, caregivers can better support each child's developing sense of self, relationships with others, understanding of social rules, and ability to work out feelings through communication and creative play.

Key Concepts:

- Six stages of emotional development in infancy have been identified by Dr. Stanley Greenspan:

  Stage 1 (0 months +)
  Self-Regulation and Interest in the World

  Stage 2 (4 months +)
  Falling in Love

  Stage 3 (8 months +)
  Purposeful Communication

  Stage 4 (10 months +)
  Beginning of a Complex Sense of Self

  Stage 5 (18 months +)
  Emotional Ideas

Stage 6 (30 months +)
Emotional Thinking

- Each infant has her or his own temperament and way of responding. Caregivers need to pay careful attention to each child's messages in order to relate to that child in a supportive, comfortable way.

- As infants grow, their communication becomes purposeful and their sense of self more complex. Playful interactions and give-and-take communication with the child support these new developments. Caregivers' interest and admiration for the child's accomplishments are important.

- Around two years of age and older, children begin to create images in their minds, and pretend play becomes central as a way of working through their feelings.

- With greater awareness comes conflicting feelings and confusion about their own power. Caregivers can help children through this stage with empathy, concern, and limit setting.

Materials:

Infant/Toddler Caregiving: A Guide to Social-Emotional Growth and Socialization

OPTIONAL: *First Feelings: Milestones in the Emotional Development of Your Baby and Child from Birth to Age Four* by Stanley I. Greenspan, M.D. New York: Viking Penguin, Inc., 1985

OPTIONAL: *Life's First Feelings.* Deerfield, Ill: Coronet Films and Video, 1985. Videocassette, color, 50 minutes

Chalkboard/chalk or easel paper/pens

Overhead projector

OPTIONAL: Videocassette recorder and monitor

Transparency/Handout #18, Stages of Emotional Development
Handout #19, Baby's Emotional Milestones

Time:

1-2 hours

Preparation: Read pp. 15-35 in the *Guide*.

Make a transparency of Handout #18, and duplicate enough of both handouts for each participant.

♦ ♦ ♦ ♦ ♦

Procedure:

Introduce the lesson.

1. Begin by telling participants that their ability to foster the development of healthy emotional behavior among the children in their care rests on their understanding of how children develop emotionally. Therefore, today you will be presenting some information developed by Dr. Stanley Greenspan, author of the book *First Feelings: Milestones in the Emotional Development of Your Baby and Child from Birth to Age Four*.

   OPTIONAL: If you have a copy of Dr. Greenspan's book, you may wish to pass it around among the participants. The book defines emotional milestones during infancy and early childhood and offers guidelines for caregivers.

Show Transparency #18, and discuss stages of emotional development.

2. Put Transparency #18 on the overhead and/or pass out Handout #18 so that each participant has a copy. Explain that participants will have the opportunity to discuss each stage with those sitting next to them and to take notes about the characteristics of each stage on the handout. After reviewing the information on the handout for each stage, ask participants to discuss the questions that follow with those seated on either side of them (groups of three) and to note their responses. Finally, have a representative of each group share with the larger group the small group's responses.

   NOTE: If time does not permit discussion in groups of three, the questions may be posed to the group as a whole. Small groups, however, encourage greater participation and allow a richer exchange of ideas.

   OPTIONAL: You may wish to use clips from the video *Life's First Feelings* to illustrate each stage.

Stage 1: Self-Regulation and Interest in the World (Age: 0 months +)

During the first stage, from birth to four months, babies are learning to take an interest in sights, sounds, touch, smells, and movement. Babies are also learning to calm themselves down. Babies differ according to temperament, their ways of dealing with sensations, and their ability to understand the messages their senses take in.

Ask participants the following questions: (If they do not work directly with young infants, ask them to respond from their knowledge of young infants.)

- In what ways can we support infants in learning to comfort and calm themselves? (For example, give them time. Don't use manufactured aids such as pacifiers or wind-up swings. Help them position themselves.)
- What kinds of differences have you noticed among young babies?
- How do you respond to these differences?

Stage 2: Falling in Love (Age: 4 months +)

By four months of age, babies are in the second stage of emotional development, a stage in which they need to be wooed into loving relationships. Babies also differ in the ways they act during this stage. Some are quiet; others rush forth eagerly. Caregivers can help babies by not taking it personally if the baby fails to respond. Facial expressions, holding positions, types of touch and pressure, and sounds can all be used to communicate.

Ask participants:

- What are some of your favorite techniques for "wooing" infants?
- How can you tell if the baby is responding positively?

Stage 3: Purposeful Communication (Age: 8 months +)

By eight months of age, babies need experiences that verify that their deliberate attempts to communicate are being read. Dependency, assertiveness, curiosity, and even aggression are

now part of a give-and-take, cause-and-effect pattern in which caregiver and baby "read" and respond to each other. Caregivers should take care to neither overstimulate nor understimulate the infant. By respecting the infant's messages, caregivers model respect of others for the infant.

Describe the following scenario to participants: Let's say you are watching a child and a new caregiver. The caregiver holds the infant's hands and wrestles his head into the infant's stomach. The infant pulls away. The caregiver tries it again, and the infant pulls away again.

Ask participants:

- What advice would you give this caregiver?

Stage 4: Beginning of a Complex Sense of Self (Age: 10 months +)

By ten to eighteen months of age, babies need to be admired for all the new abilities they have mastered. They have organized their abilities into schemes to get things done and make things happen. By acknowledging these schemes, the caregiver contributes to the child's developing sense of self. When caregivers engage in complex play with the child and intellectually expand the play, they model new ways for the child to grow.

Lots of imitation happens at this point in children's development, and so does the beginning of pretend play. By allowing for and taking part in early games and imitation play, caregivers help children expand their sense of themselves as complex, organized persons—of me and not me.

Ask participants to:

- Describe some of the kinds of games and behaviors that children typically demonstrate at this stage in their development.
- Within small groups of three participants, role play an interaction of expanding on a child's play. The actors are a caregiver, a 12-month-old infant, and an observer.

Then ask for volunteers to demonstrate the role play for the large group. Ask observers of the other groups to report on their observations of the role plays in their groups.

Stage 5: Emotional Ideas
(Age: 18 months +)

By eighteen to twenty-four months of age, children are able to create images in their minds. For example, they can pretend to be someone else, to engage in fantasy. During this stage, caregivers can be of great help if they help children express their feelings as emotional ideas rather than just act them out. Make-believe play is wonderful for such expression because children begin to use words and gestures to label their feelings. Make-believe play can be used to help children find a safe way to put into words their curiosity about sexuality, aggression, rejection, and separation. Although this is important to children, some caregivers find this expression of emotions uncomfortable. If so, getting assistance from other caregivers may help.

Ask participants:

- In what ways have you seen children express emotions through pretend play?
- What are some ways caregivers can encourage pretend play?
- How do you handle issues such as curiosity about sexuality, aggression, rejection, and separation when they come up in the children's make-believe play?

Stage 6: Emotional Thinking
(Age: 30 months +)

When children are about 30 months old, their emotional development involves shifting gears between make-believe and reality. In this stage, children are beginning to have the ability to reason about their feelings instead of only being able to act them out in pretend play. During this stage, setting limits and discipline become very important. As caregivers increase limit setting, they must also increase the empathy and concern for the child's feelings and make-believe. Caregivers should also examine their own feelings during this stage. Some are good at pretend

play but have difficulty with limits; others set limits well but are low on empathy.

Ask participants:

- How do you begin to introduce limits with the children you work with?
- How can you show empathy while introducing limits? What works best for you?

Read and discuss Handout #19, Baby's Emotional Milestones.

3. Pass out Handout #19, Baby's Emotional Milestones, to participants. Explain that this handout summarizes the emotional stages of infancy that you have been discussing. Ask each participant to take a turn reading a portion of the handout aloud to the group (determine the length of the portion read by taking into account the number of participants and each person's willingness to read aloud). After the characteristics of each stage have been read, ask participants to share examples from their experience.

Assign observation exercise.

4. Ask participants to observe one of the stages described in Handout #19 on their own before the next training session. Try to have at least one person observe each of the ages/stages described in the handout. Those responsible for observing stages II and III may interact with the infant for a period of about five minutes and note their observations afterwards. Participants responsible for observing children in the other stages should not initiate interactions, but sit quietly, a little removed from the child, and create a running account of the child's behavior and attitude for about five minutes.

Transparency/Handout #18
Stages of Emotional Development

Use the space provided below each stage to make notes about the significant characteristics of that stage and to note ideas that you think would be useful for you to try.

Stage 1: Self-Regulation and Interest in the World (Age: 0 months +)

Stage 2: Falling in Love (Age: 4 months +)

Stage 3: Purposeful Communication (Age: 8 months +)

Stage 4: Beginning of a Complex Sense of Self
(Age: 10 months +)

Stage 5: Emotional Ideas (Age: 18 months +)

Stage 6: Emotional Thinking
(Age: 30 months +)

Handout #19
Baby's Emotional Milestones

(This chart is reprinted from Stanley Greenspan's and Nancy T. Greenspan's *First Feelings: Milestones in the Emotional Development of Your Baby and Child from Birth to Age Four*, New York: Viking Penguin, Inc., 1985. Copyright © Stanley Greenspan, M.D., and Nancy Thorndike Greenspan, 1985. Used with permission.)

I. Self-regulation and Interest in the World – Birth to 3 months

Increasingly (but still only sometimes):
- Able to calm down
- Sleeps regularly
- Brightens to sights (by alerting and focusing on object)
- Brightens to sounds (by alerting and focusing on your voice)
- Enjoys touch
- Enjoys movement in space (up and down, side to side)

II. Falling in Love – 2 to 7 months

When wooed, increasingly (but still only sometimes):
- Looks at you with a special, joyful smile
- Gazes at you with great interest
- Joyfully smiles at you in response to your vocalizations
- Joyfully smiles at you in response to your interesting facial expressions
- Vocalizes back as you vocalize

III. Developing Intentional Communication – 3 to 10 months

Increasingly (but still only sometimes) responds to:
- Your gestures with gestures in return (you hand the baby a rattle and she or he takes it)
- Your vocalizations with vocalizations
- Your emotional expressions with an emotional response (a smile begets a smile)
- Pleasure or joy with pleasure
- Encouragement to explore with curiosity (reaches for interesting toy)

Increasingly (but still only sometimes) initiates:
- Interactions (expectantly looks for you to respond)
- Joy and pleasure (woos you spontaneously)
- Comforting (reaches up to be held)
- Exploration and assertiveness (explores your face or examines a new toy)

IV. The Emergence of an Organized Sense of Self – 9 to 18 months

Increasingly (but still only sometimes):
- Initiates a complex behavior pattern such as going to refrigerator and pointing to desired food, playing a chase game, rolling a ball back and forth with you
- Uses complex behavior in order to establish closeness (pulls on your leg and reaches up to be picked up)

- Uses complex behavior to explore and be assertive (reaches for toys, finds you in another room)
- Plays in a focused, organized manner on own
- Examines toys or other objects to see how they work
- Responds to limits that you set with your voice or gestures
- Recovers from anger after a few minutes
- Can use objects like a comb or telephone in semirealistic manner
- Seems to know how to get you to react (which actions make you laugh, which make you mad)

V. Creating Emotional Ideas – 18 to 36 months

Increasingly (but still only sometimes):
- Engages in pretend play with others (puts doll to sleep, feeds doll, has cars or trucks race)
- Engages in pretend play alone
- Makes spatial designs with blocks or other materials (builds a tower, lines up blocks)
- Uses words or complex social gestures (pointing, sounds, gestures) to express needs or feelings ("me, mad" or "no, bed")
- Uses words or gestures to communicate desire for closeness (saying "hug" or gesturing to sit on your lap)
- Uses words or gestures to explore, be assertive and/or curious ("come here" and then explores toy with you)
- Able to recover from anger or temper tantrum and be cooperative and organized (after five or ten minutes)

Later in this stage and throughout the next, increasingly (but still only sometimes):
- Uses your help and some toys to play out pretend drama dealing with closeness, nurturing, or care (taking care of favorite stuffed animal)
- Uses your help and some toys to play out pretend drama dealing with assertiveness, curiosity, and exploration (monsters chasing, cars racing, examining dolls' bodies)
- Pretend play becomes more complex, so that one pretend sequence leads to another (instead of repetition, where the doll goes to bed, gets up, goes to bed, etc., the doll goes to bed, gets up, and then gets dressed, or the cars race, crash, and then go to get fixed)
- Spatial designs become more complex and have interrelated parts, so that a block house has rooms or maybe furniture, a drawing of a face has some of its parts

VI. Emotional Thinking: The Basis for Fantasy, Reality, and Self-esteem– 30 to 48 months

Increasingly (but still only sometimes):
- Knows what is real and what isn't
- Follows rules
- Remains calm and focused
- Feels optimistic and confident
- Realizes how behavior, thoughts, and feelings can be related to consequences (if behaves nicely, makes you pleased; if naughty, gets punished; if tries hard, learns to do something)
- Realizes relationship between feelings, behavior, and consequences in terms of being close to another person (knows what to do or say to get a hug or a back rub)

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Lesson 8 The Developing Emotional Strengths of Children

Overview: This lesson continues the discussion of children's emotional growth that began in the previous lesson, Emotional Development in Infants and Toddlers. The lesson begins with a full group discussion of what an emotionally healthy child looks like. Then, working in small groups, participants examine six components of emotional strength that may be observed in infants and toddlers. Finally, the video *The Ages of Infancy* is shown with discussion focused on emotional development.

Philosophy: Infants and toddlers go through distinct stages of emotional development, as identified by Dr. Stanley Greenspan. The emotional grounding attained in early stages provides the foundation for the developments in later stages. Because of this, understanding the stages of emotional development and how to support infants and toddlers growing through these stages is a critical part of the infant/toddler caregiver's role.

Key Concepts:

- Visualizing how emotionally healthy three- and four-year-old children function helps caregivers recognize the importance of emotional development in the earliest years of the child's life.

- Early stages of emotional development provide the foundation for later emotional functioning. Social-emotional goals to be attained by three- or four-year-old children include:

  1. Capacity for intimacy
  2. Self-esteem
  3. Impulse control
  4. Understanding the distinction between reality and fantasy
  5. Imagination, creativity, and curiosity
  6. Empathy and acceptance of loss

Materials: *Infant/Toddler Caregiving: A Guide to Social-Emotional Growth and Socialization*

The Ages of Infancy: Caring for Young, Mobile, and Older Infants and video magazines for every participant (Module III)

OPTIONAL: *First Feelings: Milestones in the Emotional Development of Your Baby and Child from Birth to Age Four* by Stanley I. Greenspan, M.D. New York: Viking Penguin, Inc., 1985

OPTIONAL: *Life's First Feelings.* Deerfield, Ill: Coronet Films and Video, 1985. Videocassette, color, 50 minutes

Chalkboard/chalk or easel paper/pens

Overhead projector

OPTIONAL: Videocassette recorder and monitor

Transparency/Handout #20, The Emotionally Healthy Child at Age Three or Four
Handout #21, Emotional Strengths and Their Development

Time: 1-2 hours

Preparation: Read pp. 15-35 in the *Guide.*

Make a transparency of Handout #20, and duplicate enough of both handouts for each participant.

♦ ♦ ♦ ♦ ♦

Procedure:

Report back on assignment to observe children.

1. Ask participants to take turns summarizing their assignment of observing children of different stages from the last session. Using chalkboard or paper, write the age of each child and the key points observed by the participants.

Reflection on emotional health in children at age three or four.

2. Introduce the topic of the development of emotional strength in children by asking participants to describe what an emotionally healthy child looks like by age three or four. Write down what participants say on the chalkboard or easel paper.

Compare participants' views with Transparency #20.

3. Put Transparency #20, The Emotionally Healthy Child at Age Three or Four, on the overhead projector, and/or pass out Handout #20. Review the handout with the group. Then compare the information listed on the handout with the list created by the participants. Is there anything the participants would add to their list?

Small groups read Handout #21 and discuss emotional strengths.

4. Next, divide the group into six small groups. Pass out Handout #21, Emotional Strengths and Their Development, and assign one emotional strength (e.g., capacity for intimacy) to each group. Ask the group members to read through the strength assigned to them, discuss the strength, and summarize this information for the others. Allow about ten minutes for this activity.

Report back to large group and summarize.

5. Ask each group to report to the larger group on the emotional strength they discussed. Summarize the key points made in the small group reports on the chalkboard/easel paper. Encourage other participants to raise questions or provide examples from their own practice about each emotional strength.

Introduce the video **The Ages of Infancy.**

6. Explain to participants that you are going to show the video *The Ages of Infancy* as an exercise in observing the stages of emotional development and emotional strengths you have been discussing in the last two lessons.

Show the section on young infants, discuss, and create a chart.

7. Before showing the first section, write the words "Young Infants" on easel paper/chalkboard. Under that, divide the paper with a vertical line into two parts. On the left, list "self-regulation," "interest in the world," and "falling in love." Ask participants to watch for examples of these in the video. Show the video from the beginning to the end of the section on young infants (about 7:35 minutes into the video), and pause the video. Ask participants for the examples they observed of each of the above concepts. Then ask them which emotional strengths they believed were being supported in the example, and list those on the right side of the paper.

Show the section on mobile infants, discuss, and create a chart.

8. Write "Mobile Infants" on a new piece of paper/chalkboard, and, on the left, list "intentional communication" and "an organized sense of self." Ask participants to watch for examples of these in the segment you will be showing next. Show the section on mobile infants, (to 13:11 minutes into the video) and pause the video. Repeat the same process as

before, asking for examples and listing on the right side of the easel paper/chalkboard the emotional strengths that seemed to participants to be associated with the concepts.

Show the section on older infants, discuss, and create a chart.

9. Create a chart for older infants similar to the previous ones, writing the concepts "emotional ideas" and "emotional thinking" on the left. Show the section of the video on older infants (from about 13:11 to about 22:08 minutes into the video), and stop it (before the end). Ask participants for examples of emotional ideas and thinking and for the emotional strengths that seemed to be associated with these developments.

Pass out video magazine.

10. Make sure each participant has a copy of *The Ages of Infancy* video magazine, which summarizes the key points of the video.

Transparency/Handout #20
The Emotionally Healthy Child at Age Three or Four

1. Has warm, trusting, intimate relationships with other children and adults

2. Shows positive self-esteem: feels good about what she or he does

3. Uses good control of impulses and behavior: handles assertiveness, curiosity, and angry protests in ways that are in accord with:

    a. Society's goals
    b. Norms for peer group
    c. The settings the child finds herself or himself in, such as preschool, church, playground

4. Separates make-believe from reality and adjusts to the demands of reality

5. Exhibits a rich imagination:

    a. Incorporates and labels feelings
    b. Uses words to express needs, feelings, and ideas

6. Shows empathy and compassion for others; deals with loss and the limitations of life

7. Concentrates, focuses, and plans as a basis for learning in educational settings

Handout #21
Emotional Strengths and Their Development

(from Dr. Stanley Greenspan's "Emotional Development in Infants and Toddlers" in *Infant/Toddler Caregiving: A Guide to Social-Emotional Development and Socialization*)

Once caregivers understand the six basic stages of emotional development, they have a clearer understanding of what they can do to help children in that development. I have found that visualizing how emotionally healthy three- and four-year-old children function helps me decide best how infants and toddlers should be treated so that they will develop healthy emotional behavior. In order to clarify your role in children's emotional development, I suggest that you review the accompanying list of qualities of healthy emotional development as part of your planning of day-to-day activities with infants and toddlers. Conduct your review with this question in mind: "Are my daily actions helping the young children I serve move toward emotional health now and at age three or four?"

After caregivers have a clear view of what constitutes healthy emotional development, they need to explore how children develop emotional strengths throughout the six stages of emotional development or how they develop negative traits instead.

Healthy Emotional Development of the Child at Age Three or Four

1. Has warm, trusting, intimate relationships with other children and adults
2. Shows positive self-esteem; feels good about what she or he does
3. Uses good control of impulses and behavior, handles assertiveness, curiosity, and angry protests in ways that are in accord with:
   a. Society's goals
   b. Norms for peer group
   c. The settings the child finds herself or himself in, such as preschool, church, playground
4. Separates make-believe from reality and adjusts to the demands of reality
5. Exhibits a rich imagination
   a. Incorporates and labels feelings
   b. Uses words to express needs, feelings, and ideas
6. Shows empathy and compassion for others; deals with loss and the limitations of life
7. Concentrates, focuses, and plans as a basis for learning in educational settings

Capacity for Intimacy

During the first few months of life, babies are beginning to take an interest in the world:

- The newborn pays attention to sights and sounds.
- By two to four months, the infant shows a preference for the human world.
- By eight months, that intimacy takes a more active form.
- By sixteen months of age, a child's capacity for intimacy reaches a new level. The child can carry a feeling of intimacy in his or her mind.

Based on memory of past events and through vision and hearing, children can understand gestures and even some words, and they can feel love from clear across the room. Children do not have to go to the caregiver and physically make contact, but they learn to feel close.

As children get a little older, they continue to develop the capacity for intimacy:

- By 18 months to three years of age, the child has the ability to create images and emotional ideas in her or his own mind.
- Dolls can be made to put each other to sleep or to feed, to spank, or to hug one another.
- When the caregiver is temporarily in the other room and the parent is gone, the child can hold mental images of the loved one and not feel abandoned, even while the child waits for that loved one to return.
- Between two and one-half and four years of age, the child learns how her or his feelings influence someone else.
- The child's intellect is developed enough to hold the idea that "being nice leads someone else to be nice."

When children's emotional development progresses as described, all is well. But sometimes caregivers will find that they have infants in their care who are not developing intimacy in normal ways. Some of the progressive signs that young children are having trouble developing intimate relationships are these:

- By two to four months, the child is looking despondent or sad. When the parent or caregiver comes into the room, the child may look indifferent and stare off into space.
- By eight months, instead of reaching out and gesturing "Give me a hug; I want closeness," the baby turns away, arches her or his back when approached, and prefers play objects to human contact. This child vocalizes, reaches, and moves but not in relation to the caregiver; rather the child responds in a passive, chaotic, or disorganized way, seemingly without purpose.
- By 15 months, the child may not only avoid human contact but also bite or kick when someone tries to make contact.
- By 18 months, the child may consistently refuse to be picked up and shake her or his head "no" or say no.
- By two or three years of age, the child is often either provocative and negative or passive, without spark, and does what she or he is told but without interest. *People are treated as things – no different from a toy.*

When caregivers see the preceding behaviors, they need to pay special attention to the emotional needs of the infants and intervene through their own efforts or by seeking outside help.

Self-esteem

A caregiver can observe self-esteem blooming in the emotionally healthy four-month-old child who greets the world optimistically and the eight-month-old who vigorously explores the caregiver's nose, mouth, and hair.

During the later part of the first and most of the second year of life, the infant's self-esteem can be seen quite markedly in her or his vigorous exploration of the outer limits of the family child care home or center. When caregivers enthusiastically join in the exciting searching games, the shared experience and mutual admiration show the child that her or his growing inclination to explore is something to feel good about.

It is important that toddlers admire themselves and feel proud of their actions.

Those feelings develop when children have caregivers who can figure out what is special about each child and share their enjoyment of that specialness with her or him.

The three-year-old does not always need the caregiver to praise her or him for completing a puzzle. The child can imagine the caregiver saying, "Gee, that's a terrific job you did with the puzzle." The pride the caregiver has so often shown becomes part of the child.

Limit setting by caregivers is also a critical part of building self-esteem. Children who are not secure that they will be helped to control their anger are often too frightened to feel good about themselves.

In helping children develop high self-esteem, caregivers need to understand what causes children to have low self-esteem, as outlined here:

- By four months of age, some children are already relating to people in a cautious way. These children show more than just temperamental caution. They act as though they expect to be rejected. Joe reaches out to the caregiver a little bit, looks, then turns away with movements and expressions that say, "I expect to be rejected."
- At eight months, when he returns to care after a weekend and sees the caregiver, Harold looks away as if to say, "You're going to have to woo me back. Show you love me." If the caregiver is too sensitive to this rejection or too busy ("I don't have the time to bend over backwards for you"), Harold's fear that he is not loved might deepen. It is common for some infants to look away from a loved one after a separation, but the infant with low self-esteem makes "looking away" a pattern of relating.
- The fifteen-month-old child who looks sad or fearful and hardly ever insists, "Do it my way?" shows low self-esteem.
- Eighteen-month-old children who are so fragile that it is impossible for them to do things any other way but their own will do things differently only if threatened.
- By two and one-half years, some children expect to fail at everything they do. Sara knocks down the blocks before the tower is built. Paul messes up the puzzle before the puzzle is completed.

Impulse Control

As early as eight months of age, crawling babies will respond when a caregiver says, "Don't touch that!" They may look up and then go back to trying to touch it, but they listen. That is the beginning of behavior and impulse control. By the fifth time they hear, "Don't touch it," they may stop.

Even at eight or nine months of age, babies are beginning to learn about limits and controls. The caregiver helps by using gentle, consistent, and considerate words and gestures to let the child know what is allowed and what is not. By the second year of life, the toddler has learned to value and use that outside help to establish her or his own limits. By the time children are 18 months old, they are quite capable of listening and attending to what a caregiver wishes them to do and not do.

When Johnny wants to do something "bad," such as mark on the wall, the caregiver should let him know that it is not allowed: "You can't mark on the wall. Here is some paper to mark on." Johnny may see this as a game, but through the game he will learn to understand the caregiver's wishes and some of the rules people live by. . .

Words, gestures, eye-to-eye messages,

backed up by caregiver action when necessary, provide the 18-month-old child an opportunity to learn about limits. *But always balance the limits with time for spontaneous play.*

By three years of age, children will be using internal images to develop and understand rules. Caregivers can see this happen in children's more complex games and fantasy play.

Caregivers also need to be aware of the signs indicating that children are having trouble controlling their impulses:

- Healthy children will break rules, and they will challenge you. But they are continually learning, and caregivers can see their progress. Children who have not progressed may not be able to control their impulses because they do not have the foundations. They may have never learned at 8 to 14 months how to respond to limiting gestures and words. If they have received few limiting guidelines, there has been no opportunity to learn, for example, if they did something inappropriate and were simply ignored or pulled away with no clarifying words or gestures.
- Humans respond to cues that help them to know what is okay and not okay. If children have had much of their behavior limited (too much control), those children will break rules and overstep limits defiantly or sneakily because those are the only ways the children have found to express themselves.

Distinction Between Reality and Fantasy

How do children learn to distinguish what is real from what is pretend? The process begins with falling in love. To the four-month-old, the human relationship – with the parent and with the caregiver – is the carrier not only of warmth and security but also of reality. The child might wonder: "Where do I end, and where does the caregiver begin?" "Who is doing the soothing?" The answers to those questions are very vague to the four-month-old baby. By eight months of age, the child has had a little more experience and is starting to learn about cause and effect: "I cry. She comes." "I smile. She smiles back." The baby's dependency is real and so is the closeness of the relationship. For example:

- When a baby reaches out to be picked up, a human being has to be there who will read the signal accurately and respond by picking the child up.
- When a baby is interested in exploring and being curious, she or he needs a human being who will respond to that curiosity by saying, "Gee, you're doing great!"
- When a baby is being aggressive, looking the caregiver in the eye and pushing food off the plate as if to say, "What are you going to do about it?" the baby needs to hear how the caregiver really feels.

The eight-month-old child needs to learn that what she or he does will affect people differently. The child's anger, protests, and smiles all receive different responses. The child is also defining the "realness" of who she or he is. If the child who is reaching out to be picked up receives a message that says, "Stop it, you're exhausting me, leave me alone," that child will come to define herself or himself as too demanding. Those types of messages from caregivers can lead to confusion in a child: "Gee, I thought I just wanted a hug."

By ten months of age, dependency and closeness, assertiveness and curiosity, and aggression and protest are being defined.

The child not only learns from the feedback that comes from caregivers of the reality of *me* acting on *you* but also begins to define what kind of me is acting on what kind of you. Reality testing, human to human, child to caregiver, is the way that children learn what is real and what they think is real about themselves.

The early reality testing ("If I reach out, I will be picked up.") and its healthy development through the six basic stages of a child's emotional development lead to a child who, at age two, has a sense of what she or he thinks and how those thoughts relate to the real world. The child who has not participated in the reality-checking experience (with a sensitive caregiver who understands the need for accurate feedback) becomes either a child with a distorted sense of who she or he is and what to expect from adults or a child unable to distinguish very well between fantasy and reality.

An important job for the caregiver of the two- to three-year-old child is the ability to balance limit setting, reality, and make-believe. A caregiver who can play the role of the baby in the dress-up area, announce that it is time to eat lunch, set forth the rules, "You can't bite," and switch back and forth in the roles with little effort makes similar switches from reality to fantasy and back again easy for the child to make.

Imagination, Creativity, and Curiosity

The explorative touch of the four-month-old baby, the crawl to the distant ball by the infant at eight months of age, the climb to reach the toy on the top shelf by the twenty-month-old toddler, and the make-believe play of the three-year-old child are all part of the early work of imagination, creativity, and curiosity. But just what should be encouraged and why? For example:

A two-and-one-half-year-old takes a stick and pretends it is a gun or takes a plastic gun and says "bang, bang." Is that good or bad?

Make-believe must be encouraged.

Starting at about two years of age and sometimes earlier, make-believe play is a way for children to release and understand their deepest emotions. When make-believe play is allowed or encouraged, the child learns how to change the actions of hitting, biting, kicking, screaming, and crying to ideas she or he can explore. In other words, pretend play should be thought of as the gymnasium for exercising emotional ideas.

For example, a child learns, through having dolls fight, to experiment with aggression in a safe way. Pretend play also:

- Helps the child get to the stage where she or he can say, "This is okay to do in make-believe, but it's not okay to do for real. It could hurt someone."
- Gives the child a chance to learn to identify feelings.
- Teaches the child to reason about anger.

The 18-month-old to four-year-old child must learn to take her or his feelings and move them into the world of ideas. By using words to express feelings in make-believe play, that movement is accomplished. Those make-believe dramas about separation, rejection, punishment, hugging, and feeding are the building blocks for emotional thinking, the ability to reason about feelings. Look what reasoning about feelings does for adults. The emotionally healthy adult can say, "I'm angry," and reasoning about the anger, she or he can look for other options. One option may be: "I have no reason to be angry. I'm just self-centered. That's why I

get angry all the time." Or another option: "I have a good reason to be angry this time. I shouldn't be treated like this, and I'm going to take steps to change things."

If parents and caregivers do not allow for practice of emotional reasoning, children will get stuck at an infantile level of emotional expression. The older child may act out feelings as a much younger child might and get shamed or in trouble for those actions. An older child may also stifle feelings as a younger child might by restricting *any* release of feelings, including appropriate use of words.

Empathy and Acceptance of Loss

At about the age of three years, a child will begin to say, "I feel sad. I didn't get what I wanted." Those feelings are expressed in play with dolls, too. Three-year-old children become more and more conscious about winning and losing. They express madness or sadness. Caregivers can help by giving children a chance to express how they feel about loss and losing and to "get into the skin" of others who may be feeling the same things, as in the following example:

> "Oh, it's great for he-man Billy, he beat the other guy up, but how does the other guy feel?"
>
> "Well, I think he is sad, Mrs. Coffey."
>
> "Do you ever feel sad?"
>
> "I feel sad when I don't get a toy, or when I miss my mommy or daddy."

Sadness is a natural and valid human emotion. It is an important emotion in learning to accept limits. Sadness is also the basis for empathy and compassion. A person cannot empathize with other people's sadness, loss, or hurt unless that person can experience those feelings herself or himself. Children can use the caregiver's help to "walk in other people's shoes." Giving young children the opportunity to see how their actions feel to the other person is a critical caregiving assignment. Not giving children the chance to empathize, or modeling selfish behavior for them to imitate, deprives children of one of the most mature emotions known to humankind.

The Caregiver's Role

. . . Children need the caregiver's help as children move through the various stages of emotional development. Children need to create intimate relationships, develop a positive self-esteem, attain impulse control, define their sense of reality, expand their capacity for imagination, gain an ability to deal with loss, and learn to empathize with the feelings of others. In the past, much of the assistance in children's emotional development was provided in a hit-or-miss way. That assistance usually was not part of a caregiver's training, but many caregivers knew how important the help was and intuitively and naturally provided it. My studies of the stages of emotional development and the needs of children growing through those stages are intended to help caregivers who would like to pay closer attention to children's emotional development.

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Lesson 9 Fostering Emotional Development: The Caregiver's Role I

Overview: This lesson considers what caregivers can do to foster the healthy emotional development of children from birth through age three. The lesson follows Lessons 7 and 8 and should be taught after them. In this session, participants review and discuss the role of the caregiver in fostering positive emotional learning within small groups.

Philosophy: Support for emotional growth and development in infancy is one of the most important aspects of a caregiver's job. A genuine caring for the infant or toddler will naturally lead many caregivers to behavior that facilitates this area of development, such as "being warm" or admiring the child's new abilities. However, an awareness of the many facets of emotional development and what specific behaviors in adults can support this development can help all caregivers be more understanding and effective.

Key Concepts:

- Children benefit from a caregiver who is warm, patient, and admiring of the child's achievements and a responsive partner in play and other interactions.
- The effective caregiver will modify her or his behavior to fit the needs of each individual child. For example, a withdrawn child will need her or his subtle cues to be responded to; an excitable child will require soothing.

Materials: *Infant/Toddler Caregiving: A Guide to Social-Emotional Growth and Socialization*

OPTIONAL: *First Feelings: Milestones in the Emotional Development of Your Baby and Child from Birth to Age Four* by Stanley I. Greenspan, M.D. New York: Viking Penguin, Inc., 1985

Chalkboard/chalk or easel paper/pens

Overhead projector

Handout #22, The Caregiver's Role in the Child's Development of Self
Handout #23, Caregiver Practices That Support the Development of Self

Time: 1 hour

Preparation: Read pp. 15-35 and pp. 82-88 in the *Guide*.

Duplicate enough handouts for each participant.

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Procedure:

Review key points from the previous lesson.

1. Begin by briefly reviewing the key points of information covered in the lesson, The Developing Emotional Strengths of Children. To review, ask participants what information they felt was most important in the lesson. Allow everyone who wishes to do so to contribute ideas. If you do not feel that this discussion covered all the key points, you may wish to briefly review Handout #19, Baby's Emotional Milestones, with the participants to refresh everyone's memory.

Small groups read and discuss Handout #22.

2. Pass out copies of Handout# 22, The Caregiver's Role in the Child's Development of Self. Divide the participants into three or six groups, depending on the number of participants. There are six major topics on the handout. Ask each group to take responsibility for one or two topics, depending on the number of groups, so that all six topics are covered. Groups should read their topic, discuss it using examples from their own child care practice, and prepare a brief presentation of the topic to the whole group. Allow about ten minutes discussion time and five minutes to report per topic. As each group reports, you may wish to summarize their major points on the chalkboard/easel paper. Following each small group report, provide opportunities for other participants to ask questions and/or share examples from their own practice.

Individuals read first part of Handout #23.

3. Pass out a copy of Handout# 23, Caregiver Practices That Support the Development of Self, to each participant. Ask participants to read the vision and practices that apply to all infants and toddlers on the first page of the handout. As they read the list of practices, they should put a check by those they feel comfortable with and are able to do and a question mark by those they are less familiar with or have questions or doubts about. Allow five minutes for this activity.

Group discusses handout.

4. When they have finished reading and checking off the points, ask participants which points they put question marks by and lead a discussion with questions such as:

   - Do you agree or disagree with this practice? Why?
   - Is it difficult to do?
   - What might make it easier for caregivers to implement this practice?

Assign participants to focus on young, mobile, or older infants in the following week.

5. Have participants choose a section of Handout #23 on young, mobile, or older infants and allow five minutes for them to read the section and make notes in their journal or on other paper of the most important points about the age group they selected. Ask them to choose a particular child of that age to consciously apply the recommended practices to in the coming week. Remind them to pay particular attention to the child's responses to these practices.

Handout #22
The Caregiver's Role in the Child's Development of Self

(This chart is adapted from Stanley Greenspan's and Nancy T. Greenspan's *First Feelings: Milestones in the Emotional Development of Your Baby and Child from Birth to Age Four*, New York: Viking Penguin, Inc. 1985. Used with permission.)

How to Help Develop the Capacity for Intimacy:

- Be warm and interesting.
- Be patient. Position yourself so the baby can see you and is secure.
- Anticipate a baby's attention span for intimacy; before fussiness begins, switch to another activity; then later return to wooing.
- For a withdrawn baby, look for and respond to the baby's fleeting gestures.
- For a hyperexcitable baby, soothe and woo the baby with calming gestures.
- Woo the baby; let the infant learn about love from you.
- Set aside time for pleasant and loving exchanges.
- Tolerate and continue to woo a baby who is upset or protesting, but be careful not to overwhelm the infant.
- Fine-tune your wooing efforts.
- For an excitable or fretful baby, become calm and subtle.

How to Help Develop Self-esteem:

- Admire the child's new abilities.
- Be a good follower.
- Determine a behavior that is easy for the baby to do; use the behavior for interacting.
- For a baby who is a low sender, react to any signal the baby sends.
- For an excitable baby, relax the baby, and make the interaction relaxing and enjoyable.
- Bring the baby back to organized behavior when the baby is being disorganized.
- Help the child expand the complexity of her or his play.
- Recognize the child's need for balance between independence and security.
- Stay emotionally involved and available while you are setting limits.

How to Help Develop Impulse Control:

- Pay attention to which patterns help a baby recover after stress.
- Use those patterns; then stop to see if the baby tries to continue on her or his own to woo you and calm down.
- Help a child practice relating cause-and-effect interactions through language, and respond logically to the child's communication; do not ignore communication or change the subject.
- Do not let a child's aggression frighten you.
- Go "eyeball-to-eyeball" with a child when she or he is angry; help the child regain control; set firm limits.
- Reengage a child after an explosion.

Handout #22 (cont'd)

How to Help Children Learn the Differences Between Fantasy and Reality:

- Gently introduce into a child's play an emotion the child avoids.
- Add on logical sequences when a child's difficulty with an emotion causes her or him to make an abrupt shift in the story.
- Pay attention to how you handle any emotion a child seems to be uncomfortable with.
- When the intensity of an emotion causes a child to become excitable or withdrawn, be alert to when the intensity is too much; provide more structure at the time to reengage the child; encourage the child to talk about her or his feelings; help the child put actions into words.
- Encourage a child to integrate opposite emotional feelings toward one person.
- With the child who overindulges in fantasy, ensure you are providing enough security and setting effective limits; give the context for when the fantasy is appropriate.
- With the child who overindulges the reality orientation, look for family stress and lack of emotional support; gradually introduce the idea of fantasy into conversation and play.
- Make sure a child understands the functional role of objects, people, and feelings.

How to Help Develop Imagination, Creativity, and Curiosity:

- Allow a child to dictate how playtime is spent.
- Follow a child's lead in conversation or play.
- Respect individuality.
- Encourage the use of senses and movement in new ways.
- Begin with the activity a baby does best.
- Gradually add on activities that encourage the baby to use other senses and motor systems.
- Through pretend play, help the child go one step further in her or his story either by adding more characters to the scene or by shifting the concept of the characters.

How to Help Develop Empathy:

- Become a partner, and provide both physical and emotional warmth during your playtimes; invite other children to play.
- If a child is not involved in emotional, cause-and-effect exchanges, use the child's involvement in pretend play to woo her or him into those exchanges.
- Become the child's partner, and gently introduce emotional themes into play.
- Establish contact after a disruption. ("I'm sorry I shouted at you. I want to give you a hug.")
- Help a child to reengage emotional ideas. ("You know I get mad at you when you dump your toy basket. Why do you want to do it?")
- Respect a child's emotional intent. ("My, you look angry.")
- Provide bridges to help a child elaborate intentions in a more organized way; if a child has trouble expressing warmth, say, "Come sit in my lap, and let's look at this toy."
- When a child seems particularly sad, encourage the child to talk about feelings.
- Explain why you do not want the child to do something.
- Respond in an empathic manner.
- Support a child's understanding of the connection between ideas and feelings.

Handout #23
Caregiver Practices That Support the Development of Self

(The visions listed here are excerpts from Vision VII in *Visions for Infant/Toddler Care: Guidelines for Professional Caregiving.* See also p. 3 in this *Guide.*)

Vision: All children need a physically and emotionally secure environment that supports their developing self-knowledge, self-control, and self-esteem and at the same time encourages respect for the feelings and rights of others. Flexibility, responsiveness, and emphasis on individualized care for each infant and toddler are especially important in providing this security. Knowing oneself includes knowing about one's body, feelings, and abilities. It also means identifying oneself as a girl or boy and a member of a family and a larger cultural community. Accepting and taking pride in oneself comes from experiencing success and being accepted by others as unique. Self-esteem develops as children master new abilities, experience success as well as failure, and realize their effectiveness in handling increasingly challenging demands in their own ways in an atmosphere of loving attention.

Practices: The infant/toddler caregiver working in a center or family child care home:

- Treats each child as an individual with her or his own strengths and needs and unique characteristics
- Recognizes that the caregiver's mood and facial expressions will be seen and felt by the child and will affect the child's experiences and development
- Helps children who are learning two languages to feel good about themselves as speakers of each language
- Is sensitive to differing cultural values and expectations concerning independence and expression of feelings
- Addresses each child by name, talks with each child every day, and encourages each child to call other children and adults by name
- Has affectionate and appropriate physical contact with each child daily in ways that convey love, affection, and security
- Helps children through periods of stress, separation, transition, and other crises
- Gives one-to-one attention to each child
- Enjoys children and directly expresses the enjoyment to them
- Delights in each child's success, expresses kindness and support when a child is having trouble, and helps her or him to learn from mistakes
- Allows each child to comfort herself or himself
- When possible, offers children choices in activities, materials, and foods and respects their choices
- Encourages and helps children practice skills when eating, getting dressed, using toys and equipment, cleaning up, and helping others

- Helps children recognize and accept their feeling – such as joy, affection, anger, jealousy, sadness, fear – and express their feelings in appropriate ways
- Models the recognition and expression of feelings by naming her or his own feelings while she or he is experiencing those feelings
- Provides many opportunities for all children, including children with handicapping conditions, to feel effective, experience success, and gain the positive recognition of others
- Understands the effect of abuse and neglect on children's self-concept and works sensitively with such children

Vision: *Young infants* (birth to nine months), during the first few weeks and months of their lives, begin to build a sense of self-confidence and security in an environment in which they can trust that an adult will lovingly care for their needs. The adult is someone who feeds the child when the child is hungry, keeps the child warm and comfortable, soothes the child when the child is distressed, and provides interesting things to look at, taste, smell, feel, hear, and touch.

Practices: The caregiver working with *young infants*:

- Listens carefully to an infant's cry and makes decisions quickly and appropriately: allows an infant to cry for only a short time when settling into sleep, comforts an infant who is distressed, or feeds an infant who is hungry
- Does not substitute food for affection
- Provides basic physical care (feeding, bathing, dressing, diapering) gently and pleasantly, respecting the tempo and sensitivities of the baby, and talks with the baby during the routines, verbalizing what is being done
- Holds the infant close, allowing her or him to feel the caregiver's body warmth and heartbeat and to feel comfortable in the adult's arms
- Creates a personal relationship with each infant and knows the kind of cuddling, stroking, talking, and playing that brings comfort and good feelings to the individual infant

Visions: For *mobile infants* (6 to 18 months), a loving caregiver provides a home base of warm physical comfort and a safe environment to explore and master. This emotional consistency is essential to developing self-confidence and supporting language, physical, cognitive, and social development.

Handout #23 (cont'd.)

Practices: The caregiver working with *mobile infants*:

- Helps the exploring infant remove herself or himself from an obstacle that is too frustrating, comforts the child, and supports the child in an alternative activity
- Recognizes periods when the child has difficulty separating from parents or is fearful of new adults and is supportive of the child
- Talks to the child frequently about her or his family – where they are, when they will come back, and what they do together
- Communicates attention and interest, with eyes and voice, to a child who is choosing to explore at a distance from the caregiver
- Welcomes with a loving voice, hugging, or stroking a child who comes for nurturing

Vision: *Toddlers* (16 to 36 months) become aware of many things about themselves, including their separateness from others. A sense of self and growing feelings of independence develop at the same time that toddlers realize the importance of parents and other caregivers. The healthy toddler's inner world is filled with conflicting feelings and ideas: independence and dependence, confidence and doubt, fear and power, hostility and love, anger and tenderness, aggression and passivity. The wide range of toddlers' feelings and actions challenges the resourcefulness and knowledge of the adults who provide emotional security.

Practices: The caregiver working with *toddlers*:

- Supports the child's developing awareness of herself or himself as a member of a family and of an ethnic or social group by talking about families, using photographs, mirrors, or other appropriate objects, and by celebrating cultural events with children
- Uses books, pictures, stories, and discussion to help children identify positively with the events and experiences of their lives, such as divorce, moving, single-parent families, extended families, or birth of siblings
- Provides opportunities for toddlers to learn to help themselves, such as taking off jackets or pouring juice, and shares children's pleasure in new skills
- Responds with sympathetic attention to the toddler's intense feelings of love, joy, loneliness, anger, and disappointment
- Helps the toddler to understand her or his own feelings and to express feelings in acceptable ways
- Understands and supports the toddler's need to assert her or his autonomy when, for example, the toddler may say "no" or "me do it" to the caregiver
- Understands that toddlers will alternate between needing to assert a desire for independence one minute and needing to be dependent on the caregiver (whining, climbing on lap, bringing toys to show, needing assistance) the next minute

NOTES:

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Lesson 10 Fostering Emotional Development: The Caregiver's Role II

Overview: This lesson continues the discussion of what caregivers can do to foster healthy emotional development in children from birth through age three. This lesson is built on the previous three lessons on emotional development in infants and toddlers, the development of emotional strengths of children, and fostering emotional development. It should be taught following those lessons. In this session, participants review and discuss guidelines for fostering children's emotional growth and have the opportunity to reflect privately and personally on their own caregiving practices in this domain.

Philosophy: Appropriate caregiving practices with infants and toddlers are those that support the child's development of a positive sense of self, and the ability to relate warmly to others, control impulses, distinguish between fantasy and reality, and use imagination, creativity, and curiosity with a compassionate sense of wonder.

Key Concepts:

- All children need a physically and emotionally secure environment that supports their developing self-knowledge, self-control, and self-esteem and at the same time encourages respect for the feelings and rights of others.
- Flexibility, responsiveness, and an emphasis on individualized care are especially important in providing this security.
- How best to support each child depends on the child's age, temperament, cultural and family background, individual strengths, and needs.

Materials: *Infant/Toddler Caregiving: A Guide to Social-Emotional Growth and Socialization*

OPTIONAL: *First Feelings: Milestones in the Emotional Development of Your Baby and Child from Birth to Age Four* by Stanley I. Greenspan, M.D. New York: Viking Penguin, Inc., 1985

Paper and pencils

Handout #24, Appropriate and Inappropriate Practices

Time: 1-2 hours

Preparation: Read pp. 15-35 and pp. 82-88 in the *Guide*.

Duplicate enough handouts for each participant.

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Procedure:

Report back on the assignment of applying practices recommended in Handout #23.

1. Ask participants how they have noticed themselves fostering children's emotional development as they practiced the recommendations from Handout #23 since the last lesson. Encourage participants to share examples of what they have observed themselves doing.

   - Do any of these actions represent a new way of behaving, based on what they have learned about children's development?
   - How did their focus child respond to the recommended practices?
   - Has anything surprised or confounded them?

Small groups read and discuss Handout #24.

2. Pass out Handout #24, Appropriate and Inappropriate Practices. Ask participants to create six small groups, and assign each group one page of the handout. Point out that one group will have practices for both infants and toddlers on their page. Ask this group to think about how the practices differ for the two different age groups. Ask each small group to read through all the practices on their page and then choose two or three that seem most interesting to them to discuss. In their discussions, they should talk about their reaction to the appropriate and inappropriate side of each practice and try to think about the consequences of

each type of practice. One person in each group should act as group recorder. Allow about 15 minutes for this activity. If there are too few participants to form six small groups, each participant can read a page of the handout and discuss its most interesting points with the whole group.

Return to large group and share small group discussions.

3. Bring participants back to the large group, and ask for reports from each group's recorder. Note on paper or chalkboard the points each group chose for discussion. Allow time for whole group discussion of any points that are of particular interest. Some points may be controversial. If so, create a chart based on the discussion of "pros" and "cons," or advantages and disadvantages. If no points of high interest or controversy to the group are raised, introduce points yourself from the list of appropriate and inappropriate practices and raise questions such as:

   - Is this a common inappropriate practice?
   - Is this appropriate practice sometimes difficult to do?
   - Do you agree that this appropriate practice is the best way to do things?
   - Do you feel this is good for children of all cultures?

   After the discussion, tell participants that you are glad they are thinking about these things and that it is important to understand the value of "appropriate practices" for them to be effective.

Personal journal writing.

4. Explain that you are going to allow participants to summarize for themselves what these lessons on emotional support have meant to them. Pass out the paper and pencils. Tell participants that they now have a few moments to reflect on what they have learned about children's emotional development and about what changes, if any, they personally may wish to make in their caregiving practice. Materials are available for them to write down what they have thought about. All such reflections are confidential, and their writing will not be collected.

   Before beginning the writing, remind participants again about the importance of their role in fostering healthy emotional development in the children in their care. Allow five to ten minutes for the writing.

Participants share and discuss their thoughts.

5. After participants have finished their writing, ask if anyone would like to share her or his reflections with the others. Encourage discussion among the participants about ways they plan to change their caregiving practices in response to what they have learned.

Handout #24
Appropriate and Inappropriate Practices for Infants

(children who are not yet walking)

(from Infant/Toddler Caregiving: A Guide to Social-Emotional Development and Socialization)

Appropriate Practice	*Inappropriate Practice*
• Adults engage in many one-to-one, face-to-face interactions with infants. Adults talk in a pleasant, soothing voice and use simple language and frequent eye contact.	• Infants are left for long periods in cribs, playpens, or seats without adult attention. Adults are harsh, shout, or use baby talk.
• Infants are held and carried frequently to provide them with a wide variety of experiences. The adults talk to the infant before, during, and after moving the infant around.	• Infants are wordlessly moved about at the adult's convenience. Nothing is explained to infants.
• Adults are especially attentive to infants during routines such as diaper changing, feeding, and changing clothes. The caregiver explains what will happen, what is happening, and what will happen next.	• Routines are swiftly accomplished without involving the infant. Little or no warm interaction takes place during routines.
• All interactions are characterized by gentle, supportive responses. Adults listen and respond to sounds that infants make, imitate them, and respect infants' sounds as the beginning of communication.	• Adults are rough, harsh, or ignore the child's responses.
• Caregivers respond quickly to infants' cries or calls of distress, recognizing that crying and body movements are infants' only ways to communicate. Responses are soothing and tender.	• Crying is ignored or responded to irregularly at the convenience of the adult. Crying is treated as a nuisance. Adults' responses neglect the infant's needs.

Handout #24 (cont'd.)

- Playful interactions with babies are done in ways that are sensitive to the child's level of tolerance for physical movement, loud sounds, or other changes.

- Children's play interests are respected. Adults observe the child's activity and comment, offer additional ideas for play, and encourage the child's engagement in the activity.

- The caregiver frequently talks with, sings to, and reads to infants. Language is a vital, lively form of communication with individuals.

- Infants and their parents are greeted warmly and with enthusiasm each morning. The caregiver holds the baby upon arrival and gradually helps the child become a part of the small group.

- Caregivers consistently respond to infants' needs for food and comfort, thus enabling the infants to develop trust in the adults who care for them, so they find the world a secure place to be.

- Caregivers adjust to infants' individual feeding and sleeping schedules. Their food preferences and eating styles are respected.

- Infants are praised for their accomplishments and helped to feel increasingly competent.

- Adults frighten, tease, or upset children with their unpredictable behaviors.

- Infants are interrupted; toys are whisked from their grasp; adults impose their own ideas or even play with toys themselves, regardless of the child's interest.

- Infants are expected to entertain themselves or watch television. Language is used infrequently, and vocabularies are limited.

- Babies are placed on the floor or in a crib with no caregiver interaction. Caregivers receive children coldly and without individual attention.

- Adults are unpredictable and/or unresponsive. They act as if children are a bother.

- Schedules are rigid and based on adults' rather than children's needs. Food is used for rewards (or denied as punishment).

- Infants are criticized for what they cannot do or for their clumsy struggle to master a skill. They are made to feel inadequate and that they have no effect on others.

- Caregivers respect infants' curiosity about each other. At the same time, adults help ensure that children treat each other gently.
- Infants are not allowed to touch each other gently or are forced to share or play together when they have no interest in doing so.
- Adults model the type of interactions with others that they want children to develop.
- Adults are aggressive, shout, or exhibit a lack of coping behaviors under stress.
- Adults frequently engage in games such as peek-a-boo and five little piggies with infants who are interested and responsive to the play.
- Games are imposed on children regardless of their interest. Play is seen as a time filler rather than a learning experience.
- Diaper changing, feeding, and other routines are viewed as vital learning experiences for babies.
- Routines are dealt with superficially and indifferently.
- Healthy, accepting attitudes about children's bodies and their functions are expressed.
- Infants are made to feel their bodies are not to be touched or admired and that bodily functions are disgusting.

Appropriate and Inappropriate Practices for Toddlers

(from the time children begin walking until about three years of age.)

Appropriate Practice	*Inappropriate Practice*
• Adults engage in many one-to-one, face-to-face conversations with toddlers. Adults let toddlers initiate language and wait for a response, even from children whose language is limited. Adults label or name objects, describe events, and reflect feelings to help children learn new words. Adults simplify their language for toddlers who are just beginning to talk. (Instead of "It's time to wash our hands and have a	• Adults talk *at* toddlers and do not wait for a response. Adult voices dominate, or adults do not speak to children because they think they are too young to respond. Adults either talk "baby talk" or use language that is too complex for toddlers to understand.

snack," the adult says, "Let's wash hands. Snacktime!") Then as children acquire their own words, adults expand on the toddlers' language (e.g., *Toddler: "Mary sock." Adult:* "Oh, that's Mary's missing sock, and you found it.")

- Adults are supportive of toddlers as they acquire skills. Adults watch to see what the child is trying to do and provide the necessary support to help the child accomplish the task, allowing children to do what they are capable of doing and assisting with tasks that are frustrating.

- Adults are impatient and intrusive. They expect too much or too little of toddlers. Because it is faster, adults do tasks for toddlers that children can do themselves, or adults allow children to become frustrated by tasks they cannot do.

- Adults respond quickly to toddlers' cries or calls for help, recognizing that toddlers have limited language with which to communicate their needs.

- Crying is ignored or responded to irregularly or at the adult's convenience.

- Adults respect children's developing preferences for familiar objects, foods, and people. Adults permit children to keep their own favorite objects and provide limited options from which children may choose what they prefer to eat or wear. Children's preferences are seen as a heathy indication of a developing self-concept.

- Adults prohibit favored objects like blankets or toys or arbitrarily take them away or expect toddlers to share them with other children. Children are not given choices, and preferences are not encouraged. Children are all expected to do the same thing.

- Adults respect toddlers' desires to carry favored objects around with them, to move objects like household items from one place to another, and to roam around or sit and parallel play with toys and objects.

- Adults restrict objects to certain locations and do not tolerate hoarding, collecting, or carrying.

Handout #24 (cont'd.)

• Adults patiently redirect toddlers to help guide children toward controlling their own impulses and behavior. When children fight over the same toy, the adult provides another like it or removes the toy. If neither of these strategies is effective, the adult may gently remove the toddler and redirect the child's attention by initiating play in another area.	• Adults ignore disputes, leading to a chaotic atmosphere; or punish infractions harshly, frightening and humiliating children.
• Adults recognize that constantly testing limits and expressing opposition to adults ("NO!") is part of developing a healthy sense of self as a separate, autonomous individual. Adults say "No" only when the prohibition relates to children's safety. Adults give positively worded direction ("Bang on the floor"), not just restrictions ("Don't bang on the table").	• Adults are constantly saying "No!" to toddlers or becoming involved in power struggles over issues that do not relate to the child's health or well-being. Adults punish children for asserting themselves or saying "No."
• Children are praised for their accomplishments and helped to feel increasingly competent and in control of themselves.	• Toddlers are criticized for what they cannot do or for their clumsy struggle to master a skill. Or adults foster dependency; children are overprotected and made to feel inadequate.
• Children and their parents are greeted warmly and with enthusiasm each morning. The day begins with a great deal of adult-child contact. Adults help toddlers settle into the group by reading books or quietly playing with them.	• Children are received coldly and given no individual attention. Toddlers are expected to begin the day with free play and little adult supervision.
• Adults model the type of interactions with others that they want children to develop. Adults recognize that most of the time when toddlers are aggressive,	• Adults are aggressive, shout, or exhibit a lack of coping behaviors under stress. Adult attempts to punish or control the aggressive toddler escalate the hostility.

hurting or biting other children, it is because they lack skills to cope with frustrating situations such as wanting another child's toy. Adults model for toddlers the words to say ("Susan, I want the jack-in-the-box now") or redirect them to another activity.

- Caregivers are sensitive to differing cultural expectations concerning a toddler's emerging independence and expressions of feelings. Caregivers are supportive of children who are learning two languages.

- Caregivers assist toddlers in recognizing and accepting their feelings, such as joy, jealousy, fear, affection, and anger. Children are encouraged to express feelings in appropriate ways.

- Caregivers support family relationships by talking about the child's family members, where they are, what they are doing, when they will be back. Caregivers use books, stories, and discussions to help children with special life and family experiences, such as divorce, moving, or birth of a sibling.

- Caregivers encourage cooperation by being close by as children take turns with a toy, share a snack, or put away toys. Caregivers understand that waiting, taking turns, and sharing are difficult for toddlers; caregivers support all such efforts, however small.

- All children are punished or shamed for having or expressing "negative feelings" such as anger, fear, or sadness.

- Food is used to pacify children and as a substitute for the caregiver's attention.

- Caregivers make no attempt to include the child's family or life situation in the child's experiences at child care.

- Caregivers are casual about supervising toddlers engaged in potentially difficult situations; caregivers do not anticipate potential problems and resort to negative methods, such as shouting and spanking or isolating children.

NOTES:

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Lesson 11 Socialization and Guidance

Overview: This lesson addresses appropriate ways to set limits for infants and toddlers and guide the development of their social skills. The lesson covers key principles in socialization and guidance. Participants also have the opportunity to consider appropriate and inappropriate guidance and discipline strategies.

Philosophy: The goal of socialization and guidance in infant/toddler care is to help children feel good about themselves as they gradually learn to behave according to agreed upon social rules. Expectations in this area must be rooted in a thorough knowledge of each child's level of development, unique temperament, and home and cultural experiences, as well as the child's mood of the day. The caregiver's sensitivity to the child's readiness and need for guidance and socialization will help the child build the inner controls and self-esteem necessary to a life of rewarding social and emotional experiences.

Key Concepts: There are four roots to the socialization process with very young children. They are:

- Establishing a relationship of trust with the child
- Preventing discipline problems in advance
- Giving infants time to learn social behavior
- Using guidance strategies appropriate to the child's developmental stage

Materials:

Infant/Toddler Caregiving: A Guide to Social-Emotional Growth and Socialization

Getting in Tune: Creating Nurturing Relationships with Infants and Toddlers

Flexible, Fearful, or Feisty: The Different Temperaments of Infants and Toddlers

First Moves: Welcoming a Child to a New Caregiving Setting

OPTIONAL: *Respectfully Yours: Magda Gerber's Approach to Professional Infant/Toddler Care*, Part I (Module II)

Videocassette recorder and monitor

Overhead projector

Chalkboard/chalk or easel paper/pens

Transparency/Handout #25, Socialization Techniques
Transparency/Handout #26, The Roots of Socialization
Handout #27, Caregivers' Practices That Guide Acceptable Behavior

Time: 1-2 hours

Preparation: Read pp. 64-80 in the *Guide*.

Read the video magazines.

Cue the videos to the appropriate positions.

Make transparencies of Handouts #25 and #26, and duplicate enough of all handouts for each participant.

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Procedure:

Participants reflect on the goals of socialization and guidance.

1. Begin by telling participants that today you are going to be discussing socialization and guidance. Write these words on the chalkboard/easel paper. Ask participants:

   - What do we want infants and toddlers to learn from the socialization and guidance we provide?
   - How do we want children to feel about themselves?

   Write their responses on the easel paper/chalkboard. After discussing their ideas, explain to participants that the goal of socialization and guidance is to help children learn appropriate social behavior, not just to <u>stop</u> undesirable

behavior. Self-discipline, not just compliance to social rules, is the goal of socialization and guidance.

Participants discuss the difference between punishment and guidance.

2. Ask participants what they think the difference is between punishment and guidance. Create two columns on the chalkboard or easel paper with "punishment" on the left and "guidance" on the right. Write responses in the appropriate column. Add the following points if they are not brought up by participants:

   - Punishment and guidance differ in approach and results.
   - Punishment shames the child, leading to low self-esteem, defiance, lying, or sneaking behaviors.
   - Guidance focuses on the rules to be learned and the good reasons for them.
   - Punishment focuses on the child's "wrongdoing" and encourages compliance through threat of retribution.
   - Guidance encourages compliance by affirming the child's dignity.
   - The aim of guidance is to build the child's inner controls, i.e., *self discipline*, leading to lifelong habits of governing her or his own behavior.

Introduce the four roots of socialization.

3. There are four key roots of socialization (how children learn socially acceptable behavior). The first is the establishment of a trusting relationship between the child and adult. To illustrate this point, show the following video snippets:

   First Moves, segment in which Ya Ting enters child care (about 12:03 minutes into the video)

   Getting in Tune, "Ask" segment of the responsive process, (about 14:53 minutes into the video)

4. The second root of socialization is the prevention of discipline problems in advance.

5. The third root of socialization is allowing infants and toddlers time to incorporate the information you are sharing.

   To illustrate preventing problems and allowing time, show the following video snippets:

   Flexible, Fearful, or Feisty on how caregivers can respond to a child with a feisty temperament, (about 17:51 minutes into the video).

Getting in Tune, the scene on respectful caregiving (about 4:15 minutes into the video).

Explain that, with children under three, you may need to repeat the same information many times before the child actually internalizes a rule or idea.

6. The fourth root of socialization is using strategies appropriate to the child's developmental stage. To amplify this point, show the segment on discipline from *Respectfully Yours* (about 13:32 minutes into the video to the end of Part I).

   If you do not have a copy of *Respectfully Yours*, explain that discipline problems often occur because the young child is expected to do something that she or he is not yet capable of doing. For example, toddlers may not yet be able to sustain use of a spoon or fork while eating and should not be pressured to do so.

   Give participants Handout #26, The Roots of Socialization.

Share guidance and discipline problems.

7. Ask participants to share some of the socialization problems or concerns they are experiencing. Write their problems on the easel paper/chalkboard. Broaden participants' definition of problems by probing for less obvious problems such as the child who is withdrawn from the group or the child who is overattached to the caregiver. Point out that socialization problems are not limited to peer interaction, but include interactions between children and caregivers as well.

Discuss the issue of "hot spots."

8. Explain that each participant has "hot spots"—things that really make her or him angry or upset. It is important to know yourself and how you respond. Ask for volunteers to share some of their hot spots.

Review Transparency #25, Socialization Techniques.

9. Now, put Transparency #25, Socialization Techniques, on the overhead projector and/or pass out Handout #25. Review these techniques as a group. Then return to the list of concerns generated earlier. Which socialization strategies might be appropriate for each problem listed? Encourage participants to share ideas and solutions that have worked for them.

Assign reading and observation activities for next session.

10. Pass out Handout #27, Caregivers' Practices That Guide Acceptable Behavior. Ask participants to read it before the next session. Also ask participants to observe the guidance techniques they use during the week, the strategies they are having problems with, and the things they are doing to prevent discipline problems from developing.

Transparency/Handout #25
Socialization Techniques

Observe the children, read the situation, then act. Some things you might do:

1. *Change the environment.*
   Add more materials or reduce the stimulation.

2. *Offer choices.*
   Create a balance of power: With older infants, decide on food choices, for example, then ask, "Do you want milk or juice?" You set up the environment; the infant or toddler chooses the activities.

3. *Help toddlers with tantrums.*
   Teach children that tantrums or angry outbursts will not "work," but that you are supportive of their feelings.
   1) Be there for the child, offering calm words of support, while you wait for the high emotion to pass.
   2) If the child is in danger of hurting herself or himself or others, hold the child and offer verbal reassurance. "I won't let you hurt and I won't let your be hurt."

4. *Focus on "do's" instead of "don'ts."*
   For example, say "Pat gently" instead of "Don't touch."

5. *Model appropriate behavior.*
   Adults who care for young children should *demonstrate* the kinds of behavior they want to nurture in children.

6. *Provide acceptable alternatives.*
   Provide alternatives for infants or toddlers who want to poke, bite, or hurt another child in any way.

7. *Appreciate and encourage prosocial behavior.*
   Accentuate the positive. Notice the kind, helpful, and cooperative things that children do. Encourage prosocial attempts.

8. *Firmly share concerns about hurting.*
   Give clear, strong messages that a child must not hurt others, but don't shame or ridicule the child or use physical punishment. Recognize that young or mobile infants may not understand that their behavior is hurting another child.

9. *Help children make connections.*
   Help children see the connection between what they did to help or hurt another child and how it affected the other child.

10. *Teach words to express strong emotions.*
    Verbally reflect children's feelings: "It looks like you are angry." Help older toddlers use words with you or their peers: "Tell Jenny, 'I want my toy back.'"

11. *Use hugs and humor.*
    Warmth and affection help children feel happy and secure. Humor can help you salvage the day.

Transparency/Handout #26
The Roots of Socialization

Guidance and Caring Go Together

Babies whose basic needs for love and care are consistently met are more cooperative as they grow older than babies whose needs are not met.

Understand Children's Individual Needs and Abilities

- Give babies time to absorb and understand what you are trying to teach them.
- With older infants, go over rules ahead of time.
- Be aware of individual differences in tolerating stress.
- Try not to laugh at toddlers' mishaps; they're sensitive about their dignity.

Prevention Is an Excellent Socialization Tool

- Make the play space child proof.
- Prepare the play environment thoughtfully.
- Vary the tempos of the day.
- Be nearby and attentive.
- Be consistent.
- Keep promises.
- Refocus a toddler's attention before inappropriate behavior occurs.

Handout #27
Caregivers' Practices That Guide Acceptable Behavior

(The visions listed here are excerpts from Vision VII in *Visions for Infant/Toddler Care: Guidelines for Professional Caregiving*. See also p. 62 in this *Guide*.)

Vision: Knowing what behavior is appropriate or acceptable in a situation is an important skill. Children develop this understanding when consistent limits and realistic expectations of their behavior are clearly and positively defined. Understanding and following simple rules can help children develop self-control. Children feel more secure when they know what is expected of them and when adult expectations realistically take into account each child's development and needs. In nurturing this self-control, caregivers can use a variety of positive guidance methods: listening, reinforcing appropriate behavior, anticipating and defusing conflicts, or redirecting aggression. Negative methods such as spanking, shaming, or threatening can lead to physical and verbal aggression and inhibit the development of self-discipline.

Practices: The infant/toddler caregiver working in a center or family child care home:

- Builds a trusting relationship with children as a foundation for positive guidance and self-discipline
- Accepts children's sad or angry feelings, provides acceptable outlets for children to express the feelings, and teaches words for feelings
- Establishes simple, reasonable, and consistent guidelines, limits, and rules for children's behavior to encourage self-control
- Alerts children to changes in activities or routines well in advance and handles transitions from one activity to another with clear direction and patience
- Knows a variety of positive guidance methods – such as listening, reinforcement, and redirection – and uses each appropriately to teach children what to do
- States directions clearly and positively, for example, says "please walk" instead of "don't run"
- Avoids negative methods such as spanking, threatening, isolating, shaming, or shouting at children
- Is able to modify play when it becomes overstimulating for the children
- Anticipates confrontations between children and defuses aggressive behavior
- Addresses the problem behavior or situation rather than labels the child involved, for example, "Oh, the milk spilled. Let's clean it up," not "You are so clumsy!"

- Helps parents develop realistic expectations for children's behavior in ways that help avoid disciplinary problems, for example, discusses how long children can sit still
- Encourages parents to talk about child rearing, guidance, and self-discipline and refers the parents to classes, books, and other resources, as appropriate
- Knows parents' disciplinary methods and expectations and selects those appropriate for use in the center or family child care home
- Recognizes that serious behavior problems are sometimes related to developmental or emotional problems and works cooperatively with parents toward solutions
- Is aware of each child's limitations and abilities, uses guidance techniques accordingly, and explains rules at the child's level of understanding

Vision: *Young infants* (birth to nine months) begin to adapt their rhythms of eating and sleeping to the expectations of their social environment through the gentle guidance of sensitive caregivers who meet their needs. Learning basic trust in adults and the environment now makes the child much more open to accepting guidance from adults later on and lays the groundwork for developing self-discipline.

Practices: The caregiver working with *young infants*:

- Creates an environment of love and trust through warmth and responsive caring
- Gradually guides infants into regular sleeping and eating patterns but remains responsive to individual needs
- Responds to infants' needs for comfort and protection

Vision: *Mobile infants* (6 to 18 months) want to do everything, but they have little understanding about what is permissible and cannot remember rules. Adults can organize the environment in ways that clearly define limits and minimize conflicts. While respecting the child's experiments with saying no, caregivers who set appropriate limits can reinforce positive social interaction (e.g., hugging), discourage negative behaviors (e.g., biting), and model how to treat people and things gently.

Practices: The caregiver working with *mobile infants*:

- Says no when necessary for guidance and safety, moves the child or dangerous object, and gives a simple explanation
- Has realistic expectations about children's attention spans, interests, social abilities, and physical needs
- Redirects children gently and explains limits

- Gives children real choices and accepts the choices made, for example, "Do you want to read a book with me or play on the climber?" or "Shall we have the apples or bananas for snack today?"

Vision: *Toddlers* (16 to 36 months), through recurring phases of extreme dependence and independence, gain new skills and awareness. They require an understanding caregiver who remains calm and supportive during their struggle to become independent. Adults must be resourceful in recognizing and encouraging self-reliant behavior (e.g., letting toddlers solve their own problems, when possible, while at the same time setting clear limits).

Practices: **The caregiver working with *toddlers*:**

- Lets toddlers solve their own problems whenever possible
- Limits inappropriate behavior in ways that show respect and support for the toddler's sense of dignity
- Avoids power struggles by using redirection, distraction, or active listening with toddlers who say no or refuse to cooperate
- Explains the reasons for limits in simple words, demonstrating whenever possible
- Uses firm and friendly reminders rather than harsh reprimands when rules are forgotten or disobeyed
- Uses positive language with children, for example, says "walk" rather than "don't run"
- Follows through on limits set
- Encourages other adults and older children to use positive guidance and help younger children build self-control

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Lesson 12 Socialization and Guidance: Caregiver Practices

Overview: This lesson builds on the previous one, and should follow it. Lesson 11 addressed appropriate ways to provide guidance to children and foster the development of their social skills. This lesson examines appropriate socialization practices based on real-life examples provided by the participants. The lesson concludes with a discussion of how to work with parents to reduce discipline problems.

Philosophy: The goal of socialization and guidance in infant/toddler care is to help children feel good about themselves as they gradually learn to behave according to agreed upon social rules. Expectations of children in this area must be rooted in a thorough knowledge of each child's level of development, unique temperament, and home and cultural experiences, as well as the child's mood of the day. The caregiver's sensitivity to the child's readiness and need for guidance and socialization will help the child build inner controls and self-esteem.

Key Concepts:

- Caregivers can become more effective in guiding children when they become aware of their own guidance and socialization techniques.
- Consulting with co-workers can be helpful when a caregiver has a difficult time with a particular child around guidance and discipline issues.
- Sensitive communication with parents can be an important step in dealing with a child's difficulty behaving in a socially appropriate way. The aim of such communication should be to exchange information about the child and to come up with a consistent way of handling the child's behavior.

Materials: *Infant/Toddler Caregiving: A Guide to Social-Emotional Growth and Socialization*

Overhead projector

Chalkboard/chalk or easel paper/pens

Transparency/Handout #28, The Problem with Physical Punishment

Time: 1-2 hours

Preparation: Read pp. 64-80 in the *Guide*.

Make a transparency of Handout #28, and duplicate enough copies for each participant.

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Procedure:

Report back from the week's observations.

1. Ask participants about their experiences with socialization and guidance during the preceding week.
   - Were they able to identify the strategies they used and those they had difficulties with?
   - What strategies did they use to prevent discipline problems from developing?

Participants share discipline problems with the group.

2. Ask for volunteers to share with the group an example of a problem they had this week with a child in their care. When an example is shared, the volunteer should describe the child and the situation *without explaining what she or he did in response to the situation.* As an example is shared, summarize it briefly on the easel paper or chalkboard. Try to develop four or five examples.

Small groups discuss the problems raised.

3. Divide participants into groups of two or three (depending on the number of people involved in the example). Beginning with the first example on your list, ask each group to discuss the example, and to explore how the caregiver could have responded and what might have happened as a result. Allow about five minutes for discussion.

Small groups role play the issues raised.

4. Now ask that groups volunteer to role play the discipline problem with one person taking the role of the child and the other the role of the caregiver. Allow time for two or three role plays by different groups for each example. Then ask

participants to respond to the role plays:

- Which socialization strategies were employed?
- How effective was each strategy likely to be? What made it effective?
- How might this problem have been prevented *before* it became a problem?

5. Continue role playing solutions to as many examples on your list as time allows.

Review and discuss Handout #28.

6. After completing the discussion of examples, put Transparency #28, The Problem with Physical Punishment, on the overhead projector and/or pass out copies of Handout #28. Review each point on the handout with the participants.

Discuss communication with parents about discipline issues.

7. Ask participants how they communicate with parents when they are having difficulty with a child.

- How can caregivers present a behavior issue to parents without making them feel defensive?
- How can parents and caregivers work together to help the child?
- What do you do when you and the parent disagree about how to handle the child's behavior?
- How many work in child care programs that have a written policy on discipline? What should such a policy cover?

Transparency/Handout #28
The Problem with Physical Punishment

(Developed by Donna S. Wittmer as a handout for parents.)

Something to think about: "Each time I spank I'm teaching, 'when you're angry, hit.' I've never known of a child who was spanked into becoming a more loving human being." –Haim Ginott

1. Physical punishment is most often a sign of frustration and anger in adults, not a means of teaching children.

2. The use of physical punishment discourages adults from seeking more effective means of teaching children.

3. Physically punished children often do not develop self-control. Adults end up having to act as police officers because as soon as the force is gone, the behavior returns.

4. Physical punishment will frequently increase rather than decrease negative acts. Children who are victims of a lot of physical punishment often tend to be aggressive and hostile. These children frequently become highly resentful, have high levels of mistrust, and display a negative approach toward life and people. Persistent misbehavior is often the only way the children have to communicate that they have unrecognized and unfilled needs.

5. Physical punishment can also result in withdrawn and passive children. Extremely timid people quite typically have a history of much physical punishment.

6. The frequent use of physical punishment is strongly associated with the development of low self-image in children.

7. Physical punishment often results in the permanent cutting off of meaningful communication between the adult and the child.

8. Physical punishment hinders learning and developmental progress. When children are nervous and tense or preoccupied with self-protection, they cannot learn as well or as much as when they are relaxed and alert.

9. Physical punishment does not *teach* children anything at all about constructive ways to resolve conflicts and problems.

10. Physical punishment exposes children to violence, makes children the victims of violence, and provides children with a context for learning violence.

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Lesson 13 First Moves

Overview: This lesson is based on the video *First Moves: Welcoming a Child to a New Caregiving Setting* and looks at ways to support the child's integration into a new child care setting and to reduce separation anxiety for both the child and the parent.

Philosophy: Separation is a major issue in infant/toddler care for children, parents, and caregivers. Although not limited to a child's first day in a new program, the pain of the parent and child separating at that time can be intense. Parents need reassurance that the bond between them and their child will not be weakened by the child's entry into child care. From the first contact, it is the caregiver's role to establish a partnership with the parents in the care of their child and to emphasize that child care is a support, not a substitute, for the family.

Key Concepts:

- The caregiver can significantly help to ease a family's entry into child care through preparation and specific techniques at the time of entry.
- Providing extra time for the child to separate from the parent, both through visits to the setting with the parent before entering care and at the time of drop-off, can make the first days in child care more comfortable for everyone.
- A caregiver's keeping some distance away from the child at first can help the child feel less anxious and facilitate the later development of a trusting relationship. Psychological distance can be created by a barrier (e.g., a table, a basket of toys or the parent's protective presence).
- Indirect contact with a new caregiver is less likely to intimidate a child entering a program. This can be achieved by avoiding direct eye contact and interacting through a toy that interests the child.
- A caregiver who follows the cues of the child at the time of separation is better able to provide the kind of comfort and support the child needs. This also provides the basis for

developing a relationship of trust between the caregiver and the child.

- The role of parents in the entry and adjustment process is critical. Caregivers can help parents and children by attending to parents' concerns, informing them about the program and entry procedures, and helping them with the separation itself.

Materials: *First Moves: Welcoming a Child to a New Caregiving Setting*

Videocassette recorder and monitor

Video magazines for every participant

Time: 1 hour

Preparation: Preview the video.

Read the video magazine.

Procedure:

Introduce the lesson and reflect on the entry of a new child.

1. Introduce the lesson by saying that helping children and their families become comfortable in a new child care setting may be one of the biggest challenges caregivers face. Children, parents, and caregivers all experience some anxiety about this process. Ask participants to think about how they feel when they know a new child is about to enter the group. Give them two to three minutes to jot down their thoughts.

***Introduce the video,* First Moves.**

2. Explain that there are many aspects to the process of separation and adjustment for children and parents, but one of the most difficult may be the first few times the child is left in care without the parent. The video *First Moves* deals with some techniques that caregivers can use to ease those first moments of separation.

Show video segment on distance and time and discuss.

3. Show the video *First Moves* from the beginning through the discussions of distance and time (about 8:12 minutes into the video). Ask participants:

- How are the techniques demonstrated in the video similar to practices you already employ?
- How might you use the ideas of time and space more effectively?

Show video segment on direct and indirect contact and discuss.

4. Play the next section of the video, stopping after the discussion on direct and indirect contact (about 11:45 minutes into the video). Ask participants:

   - Why does indirect contact become so important around the age of nine months?
   - Can you remember children new to your child care group who refused contact and/or comforting from caregivers? How old were they? What eventually happened?

Show video segment on following the cues of the child and discuss.

5. Play the next section of the video, stopping for discussion after Ya Ting's entry into child care (about 17:41 minutes into the video). If desired, replay the scene showing the caregiver with Ya Ting.

   Ask participants to point out ways in which the caregiver followed Ya Ting's cues and to describe how this helped Ya Ting.

Show remainder of the video.

6. Play the video to the end. Point out that separation issues can be different for infants of different ages and also different for their parents.

Small groups discuss the needs of children at different ages.

7. Ask participants to divide up into small groups to delve more deeply into these issues. Groups will be assigned to discuss young, mobile, or older infants, with one person acting as recorder/reporter. Each group will create a list of separation issues and strategies appropriate to that age child.

Small groups report back to large group.

8. In the large group, ask for reports from the groups' respective recorders. Write their lists on the chalkboard or easel paper; then ask for comments from the larger group. Encourage participants to share their own ideas, such as:

   - Bringing out a particularly intriguing toy with a mobile infant
   - Singing to a young infant
   - Going outside with a toddler to say good-bye to the parent

Journal writing.

9. Allow five minutes for participants to reflect in their journals on the techniques shown in the video.

Pass out video magazine.

10. Make sure each participant has a copy of the *First Moves* video magazine, which summarizes the key points of the lesson.

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Lesson 14 Helping Children and Parents Adjust to a New Program

Overview: This lesson examines some of the larger issues of helping families adjust to a new program. The critical importance of the parent-caregiver relationship in the child's adjustment process is stressed. The parent's point of view is explored, and ways of establishing a relationship of trust are discussed.

Philosophy: The time of entry into a new program is a critical period for the development of a positive relationship between the infant or toddler's family and the child care program. Parental feelings of guilt or anxiety about putting their very young child's care into the hands of a stranger may also continue long after the child has become comfortable in the child care setting. It is the caregiver's role to help both parent and child with the separation and ongoing adjustment to child care through an approach including preparation, information sharing, and sensitivity to the continuing development of the relationship between parent, child, and caregiver.

Key Concepts:

- Encouraging several visits to the program by the child and parent prior to the first day of care will help them feel more at home.
- A series of conversations, as well as exchanging written information about the program and about the child, will help the parent and caregiver understand each other's concerns and practices.
- The assignment of a primary caregiver will make both the child and the parent feel more secure and cared for.
- Both parent and child need reassurance that the separation will be okay, the child will be safe and cared for, and the bond between parent and child will not be impaired.

Materials: The Program for Infant/Toddler Caregivers' *Infant/Toddler Caregiving: A Guide to Creating Partnerships with Parents* (Module IV)

Overhead projector

Transparency/Handout #29, Helping Parents and Children Adjust to Child Care

Time: 1 hour

Preparation: Read chapters on "Establishing Caregiver-Parent Partnerships" and "Helping Parents Deal with Separation in Child Care" from *Infant/Toddler Caregiving: A Guide to Creating Partnerships with Parents* (Module IV).

Make a transparency of Handout #29, and duplicate enough copies for each participant.

♦ ♦ ♦ ♦ ♦

Procedure:

Introduce the lesson.

1. Remind participants that they spent the previous session learning about specific techniques that help ease the separation for a child in the first days of care. Today they will have an opportunity to think about how the separation process is experienced differently by parents, caregivers, and children.

Pairs role play the feelings of parents and children.

2. Ask participants to pair up with a person sitting next to them, one person playing the parent and the other the child. Speaking "normally" (as if the child could speak and understand adult language), the "parent" and "child" should tell each other how they feel about entering child care. Allow about three minutes for this exercise, and then ask volunteers to share what they experienced.

Create a chart on techniques used to help with separation issues.

3. Ask the group about the techniques they use to help parents and children adjust to child care. Using Transparency #29 or recreating chart on chalkboard/easel paper, ask participants:

- What technique do you find most helpful in dealing with separation issues?
- When is it most useful?
- Who does it help?

Notes for chart:
Under "Helping the Parent," points such as the following should be made:

· Pre and post-enrollment visits
· Assigning a primary caregiver
· Getting to know the family
· Developing a relationship of trust
· Sharing information about the program
· Communicating respect for the parent role
· Asking questions about the child's care
· Being sensitive to feelings of guilt, anxiety, and conflicts about the child's attachments
· Being clear with the parent about the program's plan for handling the separation process

Under "Helping the Child," the following points should be made:

· Preparing the child (parent talking to child ahead of time)
· Bringing the child for several visits to program with parent
· Assigning a primary caregiver
· Letting the child be in setting without pressure to interact, leave parent, or play
· Encouraging parent to leave child for short sessions at first
· Encouraging parent to stay with child for a few minutes before leaving child in care

Have a copy of the chart made for every participant by the end of this training session, if possible. If not, mail the chart to participants or pass it out at the next session, if the trainings will continue with another module.

Discuss the issue of separation over time.

4. Raise the issue of the complexity of the separation process. It affects and is affected by the relationship between parent and child, parent and caregiver, and, of course, caregiver and child. Furthermore, separation issues can come up long after the child has adjusted to the program. These may be related to factors such as the child's changing developmental stage (e.g., an increase in stranger anxiety between six and nine

months of age), increased stress in the family (e.g., divorce or loss of job), or a new child in the family. Ask participants:

- What concerns or issues most commonly arise?
- How do you handle these?

Discuss the special feelings of infants' parents and caregivers.

5. Point out that parents of children of different ages will feel differently about leaving their children in care. The younger the infant, the more difficult the separation may be. It can also be difficult for caregivers who work hard at providing appropriate, loving care to infants to empathize with parents who are anxious or conflicted about using care. This can be the basis for ongoing tension between caregivers and parents.

Small groups create role plays.

6. OPTIONAL: Ask participants to break up into groups of three to six members. Each group should create a scenario of separation, taking various roles. One person plays the caregiver, another the parent. A third can be the new child. The rest of the group can play the role of other children in the child care group. Each group should decide on the age of the child and what the most important issue is at that moment for the parent, the caregiver, and the child. Allow ten minutes for planning the role play. Tell participants that every group may not want to perform for the larger group, and that is okay.

Enact role plays for large group.

7. In the large group, ask for volunteers to enact their scenarios. After each role play, ask the larger group to respond.

Journal writing.

8. Allow time at the end of the lesson for journal writing on the issue of relating to new parents and children in the program. Ask participants to think about:

- How do you feel about the separation process?
- How do you feel when a child cries for her or his parent?
- How do you feel when a child cries because she or he doesn't want to go home?
- How do you see your role with the child in relation to that of the family?

Summarize the participants' training in the Social-Emotional

9. In Lesson 1 of this manual, participants reviewed Handout #1, A Vision for Social and Emotional Development, and created a list of questions they had about how to achieve this vision in their child care programs. Display the vision and

Growth and Socialization module by returning to the vision and questions raised in Lesson 1.

the questions from Lesson 1, and ask participants to comment on how they see these issues from their present perspective of having gone through subsequent lessons in the manual.

Wrap up.

10. Thank participants for their participation in these sessions, and wish them more enjoyable and rewarding times with the infants and toddlers in their care.

Handout #29
Helping Parents and Children Adjust to Child Care

Techniques for Helping Parents & Children Adjust to Child Care			
Who is Helped?	Before First Day	During the Adjustment Period	Dealing w Issues
Child			
Parent			
Caregiver			
All			

NOTES:

Video Outlines: A Guide to Finding Video Segments

Video Outline
for
Flexible, Fearful, or Feisty:
The Different Temperaments of Infants and Toddlers

This is a 29-minute video that illustrates nine temperament traits and how they cluster together into three temperament types.

Video Marker/Content		*A Guide to Social-Emotional Growth*	See Also: Video/Guide
0:06	Opening statement by caregiver regarding improved relationship with a child once temperament is understood.		
0:35	Titles.		
0:49	All children display temperament.		
2:08	Children behave differently from birth.		
2:26	Statement by Alicia Lieberman introducing impact of temperament on group care.		
3:15	How to look for temperament in groups.		
3:31	Learn different temperament traits.	pp. 4-14	
3:40	Nine traits.		
3:45	Activity level	p. 6	
4:00	Biological rhythms.	p. 6	
4:19	Approach/withdrawal.	p. 7	
4:36	Adaptability.	p. 8	
4:55	Mood.	p. 8	
5:14	Intensity of reaction.	p. 9	
5:32	Sensitivity.	p. 9	
5:48	Distractibility.	p. 9	
6:35	Persistence	p. 10	

Video Marker/Content		*A Guide to Social-Emotional Growth*	See Also: Video/Guide
7:07	Review of nine traits.		
7:45	Lieberman: introduction to three temperament types.	p. 11	
8:43	Easy/flexible temperament type: 40% of children.	p. 11	
9:42	Child of easy temperament needs attention.		
9:51	Portrait of James, easy temperament type.		
10:29	How caregiver can respond to a child with flexible temperament.		
11:34	Lieberman: introduction to child with fearful, cautious temperament.	p. 12	Video: *First Moves* (techniques to ease separation)
12:36	The fearful temperament type.		
12:53	Traits of a fearful temperament.		
13:06	Portrait of Carla who is cautious.		
14:13	How caregiver can respond to child with fearful temperament.		
14:56	Lieberman: Comments on cautious child/caregiver/group relationship		
16:10	Lieberman: introduction to child of feisty temperament: 10% of children.	p. 11	Video: *Together in Care*
16:32	The feisty temperament type.		
17:16	Traits of feistiness.		
17:51	How caregivers can respond to a child with a feisty temperament.		Video: *It's Not Just Routine*, "More Than Just Routine"
18:03	Redirection of attention.		

Video Marker/Content	*A Guide to Social-Emotional Growth*	See Also: Video/Guide
18:57 Regularity of habits.		
19:25 Be flexible.		
19:32 Lieberman: the child with feisty tendencies in group care.		
20:47 Importance of transitions: Lydia.		
22:00 Forcefulness of child.		
22:54 Make the most of quiet moments.		
23:15 Provide opportunities for activity and vigorous play.		Video: *Space to Grow*
23:54 Lieberman: impact of temperamental differences on group care. Understanding temperaments helps caregiver understand each child's unique characteristics.		
24:40 Review of nine traits, three types.		
24:54 Review of how to respond to flexible temperament type.		
25:15 Review of how to respond to fearful temperament type.		
25:45 Review of how to respond to feisty temperament type.		
26:09 Lieberman: Don't try to change child; learn how to create conditions that support who child is.		
26:56 Credits.		

Video Outline
for
Getting in Tune: Creating Nurturing Relationships with Infants and Toddlers

This 24-minute video demonstrates ways that caregivers can get emotionally in tune with infants and toddlers. By doing so, the caregiver contributes to the development of self-esteem and confidence in the child.

Video Marker/Content		*A Guide to Social-Emotional Growth*	See Also: Video/Guide
0:00	Child and caregiver move as in a dance.		
1:04	As the child leads and caregiver follows, child builds confidence and self-esteem.		Video: *Respectfully Yours*, Part I
2:27	Titles.		
2:45	Dance doesn't always go smoothly.		
3:41	How can caregiver get in tune with child?		
4:15	Scene demonstrates how caregiver is respectful.		
4:58	A closer look to analyze the previous scene between caregiver, two children with hats.		Video: *Respectfully Yours*, (Part I on discipline issues with different aged children)
6:01	Overview of steps to get in tune: Study child development, know families, develop self-awareness, learn the responsive process.	pp. 40-54	
6:15	Study child development.	pp. 15-30	Video: *The Ages of Infancy*
6:59	Infants from 7 to 12 months (stranger anxiety).		
7:12	Increase in resistance at age two.		
7:47	All children go through these stages: study similarities and differences.	pp. 15-30	Video: *Life's First Feelings*

Video Marker/Content		*A Guide to Social-Emotional Growth*	See Also: Video/Guide
8:04	How children differ: temperaments.	pp. 4-14	Video: *Flexible, Fearful, or Feisty*
8:50	**Know families**: Ask about culture and childrearing.		*Video: Essential Connections, Keys 6-10* *A Guide to Creating Partnership with Parents,* Chapter 4 *A Guide to Culturally Sensitive Care*
9:25	Get to know children's communities.		
9:53	Self-awareness–how you respond is influenced by your emotions, like fear.		
10:20	Compares two different responses to fear.		
11:25	Hot spot: anger, fighting.		Video: *Flexible, Fearful, or Feisty* (section on feisty child)
11:35	Hot spot: active child.		
11:40	Hot spot: child who refuses comforting.		
12:00	Take time to step back and examine own feelings.		
12:24	Get feedback from other caregivers.		
13:17	**Responsive process**–three steps of watching, asking, adapting.	pp. 40-46	Video: *It's Not Just Routine,* ("More Than Just Routine" section)
13:27	Watch the infant.		
13:43	Statement by Jeree Pawl.		
14:20	Give full attention to infant.		Video: *Discoveries of Infancy* (section on facilitation)
14:53	Ask what do these actions mean.		
15:18	Statement by Magda Gerber.		

16:10 Review of watch and ask.

17:01 Adapt step is demonstrated by baby Miranda and caregiver Quita.

21:20 Review of video's content.

21:39 Analogy between caregiving and gardening to help children bloom by getting in tune.

22:16 Credits.

Video Outline
for
First Moves: Welcoming a Child to a New Caregiving Setting

This is a 27-minute video that addresses how a caregiver can help a child during the important process of separation from the parent and introduction to a new caregiving setting.

Video Marker/Content		*A Guide to Social-Emotional Growth*	See Also: Video/Guide
0:00	Opening scenes of mom and Christopher in car.		
0:56	Titles.		
1:10	Opening scenes of Christopher and mom at child care; introduction of key issues.		
2:18	How caregivers can help child during first moments.		
2:45	Overview of video's structure.		
3:00	Lally introduces panel of family child care provider, parent, and children's council representative.		
3:31	Examples of child-caregiver interactions that illustrate **distance** and **time**.		Video: *Ages of Infancy*
6:04	Panel discusses previous examples.		Video: *Discoveries of Infancy* (especially object permanence)
8:25	Examples of child-caregiver interactions that illustrate **direct** and **indirect contact**.		
10:07	Panel discusses examples.		
12:03	Examples of caregiver **responding to child's cues** (Ya Ting protests mom's departure).		Video: *Getting in Tune* (responsive process) *Infant/Toddler Caregiving: A Guide to Routines*, pp. 8-10

Video Marker/Content	*A Guide to Social-Emotional Growth*	See Also: Video/Guide
15:03 Panel discusses examples and role of individual differences.		
18:05 Example of Christopher's introduction to family child care.		
20:25 Panel discusses caregiver's responses to Christopher.		
22:20 Review of useful separation techniques.		*A Guide to Creating Partnerships with Parents*, Chapter 2
23:15 Parents' role in separation process; need for reassurance.		
24:35 Importance of caregivers' understanding the child's needs at this sensitive time.		
24:56 Credits.		

The Program for Infant/Toddler Caregivers: Module Training Intensives

Module training intensives are offered to program managers and other professionals responsible for training caregivers. These intensives help trainers deepen their own understanding of each module's content and acquire skills in the integrated presentation of video and guide information. Such issues as whether to show only parts of a particular video, how to address controversies stirred up by a video, how to treat a topic in greater depth by referring to sections of that module's caregiver guides, the use of supportive media and written materials, and suggested learning activities are discussed. Those who complete training in a module are awarded a certificate from the California Department of Education and Far West Laboratory that identifies them as qualified trainers in the specific module in which they receive training. For more information about module training intensives, contact:

Terry De Martini
Training & Technical Assistance Coordinator
Far West Laboratory for Educational Research and Development
Center for Child and Family Studies
180 Harbor Drive, Suite 112
Sausalito, California 94965

Purchasing Program Materials

All Program materials may be purchased from the California Department of Education. Costs of materials currently available are found on the order form on the next two pages. The cost for each of the four trainer's manuals is $17.75. The manuals not yet completed will soon become available from the California Department of Education, Bureau of Publications, as will the not-yet-completed videos: *Early Messages: Communicating with Infants and Toddlers*, and *Sharing the Care: Parent/Provider Relationships in Infant/Toddler Care* (working titles).

Order Form

These prices may be increased after March 1, 1993.

All items may be purchased separately and/or as part of a module at the special package price.*

Title	*Order number*	*Quantity*	*Price*	*Total*
Module I: Social–Emotional Growth and Socialization				
First Moves - English video	0751		$65.00	
First Moves - Spanish video	0771		65.00	
First Moves - Chinese video	0772		65.00	
First Moves - 50 video magazines	9960		15.00	
Flexible, Fearful, or Feisty - English video	0839		65.00	
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Infant/Toddler Caregiving: A Guide to Social–Emotional Growth and Socialization	0876		8.25	
Module I: Social–Emotional Growth and Socialization (The package price includes three videos and three accompanying video magazines and one curriculum guide.)			**Special price**	
English videos	9928		**179.00**	
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Module II: Group Care				
It's Not Just Routine - English video	0869		65.00	
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English videos	9931		**239.00**	
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*The video magazines and the curriculum guides are in English.

Title	*Order number*	*Quantity*	*Price*	*Total*
Module III: Learning and Development				
The Ages of Infancy - English video	0883		$65.00	
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Essential Connections - Chinese video (available in March, 1993)	1059		65.00	
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Publications to Be Purchased Separately				
Infant and Toddler Program Quality Review Instrument	0767		3.50	
Infant/Toddler Caregiving: An Annotated Guide to Media Training Materials	0750		8.75	
Visions for Infant/Toddler Caregiving: Guidelines for Professional Caregiving	0758		5.50	

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NOTE TO TRAINERS

This trainer's manual has been designed for use with a three-ring binder so that pages may be easily removed to make copies. You can also insert additional lessons or your own materials expanding on existing lessons.

Included in this package are a front cover, back cover, and spine insert. We recommend that you use a view binder with a clear plastic cover in which you can insert these three items.

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